## MEDICAL ECONOMICS



JULY, 1938

## **HOW IMPORTANT**

MINERALS

They are absolutely essential for the maintenance of an adequate state of nutrition. However, not infrequently an apparently minor mineral deficiency may weaken the body's defensive mechanism to such a point that

> Pregnancy, Infection, or any Other unusual tax

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## MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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H. Sheridan Baketel, A.M., M.D., Editor • William Alan Richardson, Managing Editor • Arthur J. Geiger and Patrick O'Sheel, Associate Editors • Russell H. Babb, Advertising Manager • Lansing Chapman, Publisher Copr. 1938, Medical Economics, Inc., Rutherford, N.J., 25c a copy, \$2 a year



### Antiphlogistine is useful as a surgical dressing.

It is antiseptic in the bacteriostatic sense, without harsh or caustic qualities. It has a tonic action on the capillaries. Its use obviates the need for constant redressing of a wound. Its application and removal are not painful. It is an aid to leucocytosis and, therefore, a real adjuvant to the natural healing process.

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# \* SPEAKING FRANKLY \* Con-

#### INHUMAN?

TO THE EDITORS: Two articles in MEDICAL ECONOMICS have sorely tried my patience.

The first is a letter by the secretary of two Detroit physicians, in your "Speaking Frankly" section. Among other things, she bewails that she has no time for herself but must run errands for her employers and their wives during her lunch hour.

Maybe my working conditions are exceptional. But I don't believe so. I'm allowed one free afternoon a week. Personal errands for the doctor or his wife are done during a lull in office hours. I go to the bank just before closing time; also during office hours. If I want a cup of coffee, I run out and get it. Provided, of course, there aren't too many patients waiting. If I don't get away for lunch until I P. M., I'm not expected back until an hour later.

I've talked with other nurses here. Most of them are of the same opinion. Those who do not have an afternoon off receive proportionally higher salaries.

Perhaps West Coast physicians are more considerate than those in the Middle West. If so, the latter would do well to imitate their Wild West brothers by treating their office help as human beings. Better and more willing work would certainly result.

My second reference is to a "Sidelight" discussing an alliance of socalled doctors' secretaries. It made me so mad I couldn't see straight. Don't give me the writer's name. Or he is apt to receive a time bomb!

Whoever wrote that piece certainly never tried to please all the patient in a doctor's office all the time: In contrast to the secretaries described I try to make each patient feel more important than the next. I keep current periodicals on the reading to ble. And by current, I mean not more than two months old. They are si lected to please the greatest number of people. A 60-watt reading lam is always kept lighted. I try to keep the temperature of the reception room at 70°. But have you ever had a socalled gentleman come in from the bitter-cold outdoors, wearing a heavy overcoat over his woolen suit, complain how hot it is in the office. throw the window wide open, leave his overcoat on, and then wonder why the nurse gives him a dirty look?

When the doctor is busy, I try to give patients an approximate idea of how long they must wait. Or if they prefer, make an appointment.

The office nurse is only human. Sometimes I think she deals with peuple who are absolutely inhuman.

Elizabeth Dunham Secretary to H. D. Lillibridge, M.D. Olympia, Washington

#### HYMENEAL

To the editors: Re this topic of doctors' wives, I want to put in a good word for the wife who is also a graduate nurse...

She brings to her marriage a distinct advantage. In training, she is taught loyalty to the doctor, to the hospital, and to the patient. True, not Frict

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all absorb this teaching equally. Nurses are human. But loyalty becomes a part of the good nurse.

A nurse is less curious about the human body and its ailments than other women. She deals too frequently and intimately with human weakness to have anything left but tolerance.

Jealousy is a character trait. The woman with a nursing education can better combat it in herself and others. She does not discuss patients. She does not gush...

Nurses usually do not come from homes of wealth. Few are debutantes or social registerites. But they do come from homes where money is required for a multitude of necessities and some luxuries. Hence, the nurse knows the value of a dollar. She can handle the average income capably.

Of about 1800 doctors in just one Pennsylvania county, 600 have homeoffices. This is an urban community. In the country, the ratio would be much higher. The wife of each of these men—whether she realizes it, whether she is a nurse, whether she desires it—is her husband's secretary. She answers his telephone and doorbell. She takes his calls and makes his appointments. She eases the fearful and finds the doctor in an emergency.

Any intelligent woman can do this successfully. But the nurse has been trained for it. She falls into the routine more easily.

Even where the doctor has an outside secretary, his wife has to be on the job. The secretary's work is done in eight hours. That leaves "the little woman" at the controls for sixteen hours out of every 24.

Life as a doctor's wife is comparatively simple for the nurse. She speaks his language. She understands the psychology of the sick. She value cleanliness. She realizes the necessifor a broad mind, cheerfulness, and understanding. She knows she is not a physician but a helper; hence she offers no superfluous advice. She does not demand her husband's time for herself. She and her husband have common goal. His future is hers.

I know many doctors and wives where divorced. The causes have been as varied as the individual temperaments. In only one case was the divorcee a nurse!

Margaret Osborn Ludwig Pittsburgh, Pa. The re

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TO THE EDITORS: Since no one hadisagreed with your recent article. "Wives Are a Nuisance," I want heregister my dissent.

There may be wives who are misfits in their husbands' offices. But I know at least one instance where i wife is a great source of satisfaction and help.

My wife has worked in my office for more than eleven years. Our practice has grown steadily. When patients do not see her, they inevitably seen disappointed. She furnishes most of the pleasant atmosphere.

My wife is a great help to me. She keeps the books, orders and pays for supplies, writes labels, wraps packages, makes tests, looks after the instruments, prepares patients for examinations, etc.

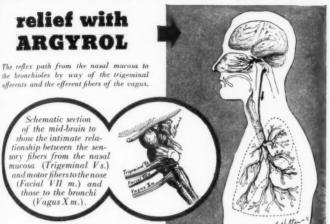
To those who think I would have more patients if my wife remained at home, I would say this: I do not need any more.

I do not pretend to speak for other



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In palatable tablet form, the soothing and corrective
principles of Kao-Mucin (concentrated okra) have been
skillfully combined with the healing qualities of Allantoin
(the famous development from maggot therapy). Clinical
evidence has firmly established the therapeutic claims for
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In Asthma and Hay Fever



WHILE recognizing the role of allergic phenomena in the etiology of Asthma, outstanding specialists are of the opinion that neurological and reflex factors are also of great importance. Haseltine of Chicago found that treatment of the nasal passages with ARGYROL tampons produced striking relief from Asthmatic attacks in a great many cases. These often curative results he attributes to the eradication of intranasal irritant factors which act as a cause of reflex bronchospasm.\*

Nasal and paranasal infections are frequently associated with vasomotor rhinitis. Infection often keeps mucous membranes, sinuses or nose in a congested state, intensifying susceptibility to allergens.

In Hay Fever, also, gratifying relief is often afforded by treatment with ARGYROL. Professor E. B. Gleason<sup>2</sup> advocates the use of cotton pledgets saturated with 10% ARGYROL placed in the

Med. Press and Circular, May 15, 1935.
 Vol. CXC No. 5010.

vault of the nose for from 15 to 30 minutes. This procedure will be found a valuable adjunct to any other form of therapy.

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3—ARGYROL has positive bacteriostatic properties. No other mild silver protein is the equivalent of ARGYROL in all these important respects. To insure your results, specify genuine ARGYROL "Barnes."

\*Reference—"The Rhinologist's Function in Asthma" by Haseltine, Reprints sent on request.

 Manual of Diseases of the Nose, Throat and Ear, 1933, page 98.

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The male climacteric, or Fifth Age of Man, is a period of sexual, particularly prostatic, insufficiency, varying widely in time of onset, but well recognized both by physical and mental aberrations. The rational therapeutic attack is a combined local and systemic campaign. Perandren, "Ciba", the chemically prepared male hormone, provides measured and sustained systemic approach.

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NOW EFFECTIVE—New Low Prices on 5 mgm. ampules—New Packages of 10 mgm. and 25 mgm. ampules, all of 1 cc. The 5 and 10 mgm. ampules are now packed in 3's, 6's and 50's—the 25 mgm. in 3's only. Write for information.

\*Trade Mark Reg. U. S. Pat. Off.



doctors and their wives. But so far a my wife and I are concerned, we fee that we have demonstrated the far that there is such a thing as successfuteamwork.

W. J. Shacklette, M.I. Hodgenville, Ky.

#### SOLUTION

TO THE EDITORS: At present in m community a movement is on foot bestablish a "cooperative" for medica care. Some local physicians are hearily in favor. Their argument is the such an organization could and would see to it that medical bills were paid. To this end they stand ready to assist

These men little realize that the would build an organization man times as large as their own medici society. A look into the future would disclose to them the probability the through high administrative costs a for some other reason, the organization would be unable to meet obligations or would greatly reduce paments to its doctors.

Here's what would happen: A meeing would be called at the local armory. Through sheer force of numbers the group could and would reduce expenses by the simple method of reducing medical fees. The porphysicians would find themselves suddenly confronted with a threatening selfish, and well-organized minorit to whom they would appear as profiteering economic royalists.

Everyone seems imbued with the idea that something ought to be done about the costs of medical care. Fer seem to realize that in every classified telephone book the answer is listed. There is no need for new systems. Health and accident insurance is for sale by reliable organizations.

Rare indeed is the doctor who doe not feel secure when a patient ask him to fill in health or accident in surance blanks. Yet the man who a ten o'clock fills in one of these form

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#### VITAMIN B COMPLEX PARENTERAL Lederle

For intramuscular injection. Indicated for the treatment of the various symptoms caused by an acute or prolonged deficiency of one or more of the water-soluble factors which constitute the B complex.

Each cc. contains:

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Continues to be available for use in the maintenance of an adequate B intake, for the prevention of Vitamin B deficiencies and for the treatment of the milder manifestations of such deficiencies.

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A highly palatable, orange-flavored preparation. Each teaspoonful (4 cc.) now contains:

> Thiamin (crystalline B1)-300 International Units Riboflavin (S<sub>21</sub>—o.2 mg. (about 65 Bourquin Sherman Units) Dermatiki Factor (s) (Be)—about 10 "Rat Day" Units Nicotinic Acid or derivatives (pelhagra curative) and the Filtrate Factors obtained from 40 grams of liver Cevitane Radid Vitamin C)—aco.30 International Units

Available in 4 oz. and 8 oz. bottles.

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NEW YORK, N. Y



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or cashes a check made possible by an insurance company has, by eleven o'clock, entirely forgotten the existence of such a company. He is ready to back some fantastic organization to do the same work.

Medical societies carry to the public the message of periodic health examinations. Surely it would be of benefit if this advice were coupled with the suggestion that the patient consult his insurance salesman about a plan to meet the expense of illness or accident.

Practically all the physicians I know carry health or accident insurance or both. Why they buy it for themselves yet fail to see its worth as an offset to some cockeyed New Deal for providing medical care is beyond me.

If sufficient people had insurance against medical expense, there would be no necessity for political interterence with medicine. It's as simple as that.

M. D., Ohio

#### BIBLIOPHILES

To the editors: To colleagues looking for an inexpensive hobby, I recommend keeping a medical scrapbook. I started mine a little more than a year ago. Each day seems to add to the pleasure and profit I receive from it.

#### THE RIGHT FORMULA

Forty-seven years of successfully training young men to become useful American citizens is significant evidence that we have the right educational formula. You are cordially invited to visit the Academy and see the formula in operation.

\* For Catalog, address the Secretary \*

New York Military Academy Cornwall-on-Hudson New York My scrapbook contains cartoons, caricatures, "believe-it-or-nots," and a miscellany of things pertaining to medicine. Fully 95% of the clips view the doctor in a most uncomplimentary light. But in a way that makes them even more amusing. The material ranges from "Why You Ought to Pay Your Doctor First" to "Why You Ought to Pay Your Doctor Last."

George J. V. Selsman. M.D. Philadelphia, Pa.

To the editors: Since my 1:st year at medical school, I've been an ardent reader and collector of reprints of current medical literature. That was four years ago. Today I've a sizable collection of fine medical articles.

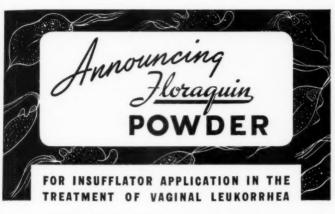
Some of my colleagues chide me about receiving as many as three or four reprints a day. But I notice my severest critics often become collectors themselves. One went so far as to have special postcards printed. These have blank spaces for the name and date of the desired article. Unfortunately, my pocketbook does not permit this luxury. But the ordinary penny postcard, I found, gave the same results. Fortunately, most writers are supplied with reprints which can be obtained at no more expense than that of postage.

I try to have a postcard with me at all times. This is necessary because articles of lasting interest are found in divers places: medical society headquarters, hospitals, and private libraries.

After collecting the various papers for several years, what does one do with them?

.Well, most reprints are the same size. What I did is arrange them according to subjects; just as in a textbook. I then typed my own index. The whole was bound in a regular book cover and titled "Medicine and Surgery." Including printing of the volume number and my name, the cost was \$3. For this trifling sum, I've a

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\* FLORAQUIN, which has been so efficacious in the treatment of vaginal leukorrhea, is now available in powder form in addition to the well-known vaginal tablets.

The addition of Floraquin Powder provides the physician with a combination of treatments:

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Floraquin Tablets and Floraquin Powder contain Diodoquin (5-7-diiodo-8-hydroxyquinoline) together with specially prepared anhydrous dextrose and lactose, adjusted by acidulation with boric acid to a hydrogen ion concentration which maintains a normal pH of 4.0 to 4.4 when mixed with the vaginal secretion.

In addition to Trichomonorrhea and various mixed infections, the powder is especially suited to treatment of Infantile Specific Vulvo-Vaginitis. The average dose of Floraquin Powder is one-third to two-thirds dram by vaginal insufflation.

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1 oz. of All-Bran contains as much "bulk" as 7 ¼ oz. of raw cabbage.

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1 oz. of All-Bran contains more Vitamin B1 than  $2\frac{1}{2}$  oz. of whole egg.

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When you recommend—or use—Kellogg's All-Bran, you are summoning the aid of three important benefits. This natural laxative cereal supplies these great helps in relieving common constipation: "bulk" and vitamin Bs, the intestinal tonic vitamin. As an extra bonus, All-Bran gives a plentiful supply of iron. Made by Kellogg in Battle Creek.

A NATURAL LAXATIVE CEREAL



beautiful, extremely useful textbook.

I hope eventually to obtain a set of volumes which will compare favorably with many expensive private medical libraries.

M.D., New York

#### CAPONES

To the editors: In Chicago we have a new racket.

Certain unethical chiropractors band together in so-called health centers. They advertise medical treatments, diagnoses, tests, etc. This is done under the protection of some equally unethical M.D. His license blankets the whole outfit. It protects them from prosecution by the board of registration and education.

The name of the M.D. does not appear in the chiropractors' advertisements. He may still belong to the A.M.A.! Thus, he neatly avoids the penalties of advertising while reaping the profits.

M.D., Illinois

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> Water content in the stools determines normalcy Excess H<sub>2</sub>O—present in diarrhea Deficient H<sub>2</sub>O—present in constipation

MUCILOSE—by influencing water balance of fecal content tends to bring about normal stool.

Therefore prescribe Mucilose for either constipation or diarrhea associated with "spastic colitis."

Mucilose offers a hemicellulose (vegetable gum) prepared by a special process from the Plantago loeflingii. It is available in two forms, both palatable and easy to take—Mucilose Granules and Mucilose Flakes.

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## The Effect of Alka-Seltzer on Hyperacidity Produced by Consumption of Alcohol

This is the 5th of a series of experiments to adjudge the value of Alka-Seltzer as a simple aid to relief in certain everyday, minor discomforts.

Previously in the series it has been shown that the analgesic in a solution of Alka-Seltzer is not ordinary aspirin but an acetylsalicylate (Exp. No. 1); that Alka-Seltzer exerts an antacid effect in the stomach (Exp. No. 2); that it results in a systemic, alkalizing action after absorption (Exp. No. 3); and that it tends to hasten gastric emptying time (Exp. No. 4).

#### RESEARCH PROBLEM NO. 5

To Determine the Effect of Alka Seltzer on Hyperacidity Produced by Consumption of Alcohol

Experimental Method. Fasting male subjects were used in the tests. After aspiration of any gastric residuum each received 200 cc. of a 25 percent solution of alcohol. Samples of gastric content were aspirated every fifteen minutes for an hour, after which each subject received two tablets of Alka-Seltzer in 100 cc. of water. Gastric samples were aspirated every fifteen minutes until the stomach was completely emptied or, if the stomach had not emptied within this time, for two and one-half hours after the administration of Alka-Seltzer.

The same procedure was followed subsequently with each subject, substituting aspirin tablets for Alka-Seltzer tablets. Samples of gastric content were analyzed for pH (Leeds and Northrup, Type K potentiometer with a Hellige glass electrode), free hydrochloric acid

and total acidity by titration, and total chlorine by the method of Van Slyke.

Results. Changes in free hydrochloric acid and in chlorine concentrations of the gastric contents were plotted in the form of graphs. During the first sixty minutes after consumption of alcohol a marked increase was noted in gastric acidity. Following the administration of Alka-Seltzer, there was noted a prompt decrease in the free hydrochloric acid of the gastric content which remained between 2.5 and 24 cc. of 0.1 N acid during the subsequent hour or until the stomachs were emptied completely.

Moreover, the differences noted between the total chlorine and free hydrochloric acid curves served to indicate that the effect of Alka-Seltzer in relieving gastric hyperacidity resulting from alcohol, is brought about by neutralization of the hydrochloric acid of the gastric contents and not by suppression of secretion of this acid.

Alka-Seltzer is offered not as a treatment for the *cure* of disease but as a simple home remedy for relief of certain everyday discomforts for which professional care is not usually sought or required.

An Alka-Seltzer tablet, dissolved in a glass of water, produces a sparkling, effervescent solution which is palatable and rapidly effective in relieving such minor conditions as a "sour stomach" brought on by indiscretions of eating or drinking, in relieving ordinary headaches and in providing a prophylactic, analgesic and alkaline effect during the early stages of a cold.

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Excellent hemaglobin response results in most cases from the daily dose of three Hematinic Plastules Plain. This provides 15 grains of ferrous iron.

Small dosage, easy assimilation and toleration favor the use of Hematinic Plastules for hypochromic anemia,

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Hematinic Plastules provide ferrous iron and the vitamin B complex of concentrated yeast, in soluble gelatin capsules. They are issued in two types —in bottles of fifty—Hematinic Plastules Plain and Hematinic Plastules with Liver Concentrate.

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### The Modern Method FOR MENSTRUAL HYGIENE

## TAMPAX

#### Preferred because they

- 1. Permit absorption of men-strual discharge at cervix uteri. 2. Eliminate prospect of irrita-
- 3. Minimize subjection to odorous decomposition products.
- 4. Reduce danger of infection of perineal origin.
- 5. Relieve psychological hazard.
- 6. Provide sanitary protection in its most convenient, comfortable and hygienic form.

whole.

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T is easy to unucosant different primitive failure to different to dif

tiate between uterine and vaginal

function, and the tendency to consider the menstrual flow a

CHAPTER ! TAMPAX Permits Absorption of Menstrual Discharge at Cervix Uteri . . .

nize the menserual flow as of merine origin, and permit its absorption at the point of discharge i.e., at the cervix uteri-before exposure to the outside air has had a chance to provoke the odorous decomposition of blood product of the genital tract as a

For normal women, this modern, method is convenient, safe and elements. effective. Made of long fibre surv gical cotton so stitched that it cannot disintegrate, each Tam/ pax is provided with its evin applicator for easy insertion well up in the vaginal

canal, and its own cord for gentle removal. Both applicad torand used Tampax may be readily disposed of.

Even in later years, although menstruation has long been reco ognized as fundamentally a uter ine phenomenon, the lack of adequate means has prevented the employment of sanitary protect tion designed specifically with that physiologic fact in mind. Tampax menstrual campons were der signed by a physician, with an authoritative understanding of the requirements of true hygiene. They recog'

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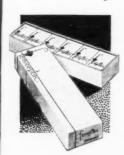
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In vivo tests at a Columbia-Presbyterian Medical Center Clinic have demonstrated the efficacy of this meticulously regulated vaginal jelly. Its unusually high phenol coefficient (250-300 by the Rideal-Walker method using B. typhosus) derives from its content of the important new chemical agent, methyl-tertiary - amyl - phenol, available for vaginal use exclusively in Femiceptin products. Its pH is carefully controlled within closely prescribed limits. Tenacious, unctuous, and with marked spreading ability, it is yet freely water-soluble and non-hygroscopic. No toxic or other deleterious reactions follow its employment. Patients like its crystal clarity and delicate perfume. Packaged with the new improved Fem single-dose applicator, or alone for re-purchase.

## Temiceptin Powder

#### FOR THE ACID VAGINAL DOUCHE



This uniquely superior acid douche powder, deriving its high phenol coefficient from its methyl-tertiary-amyl-phenol content, has a low surface tension that facilitates its gratifying detergent action. Daintily packaged in individual dose units, each precisely adequate for a 2-quart solution, with a pH corresponding closely to that of normal lactobacillary flora.

Professional samples gladly sent on request; also a copy of the booklet, "The Acid Vaginal Douche."

#### FEM PRODUCTS COMPANY

JERSEY CITY... NEW JERSEY

Division of Reed & Carnrick

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### \* SIDELIGHTS \*

CONTEMPORARIES called him "Poor John." He invented a steamboat. But even when they saw it work, people wouldn't believe their eyes. Nobody would finance such a fool venture. So John Fitch killed himself.

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Along came Robert Fulton with the same idea. But he had a patron willing to take risks. As a result, steamboats were soon on every river. Fulton became rich and famous.

If anything, John Fitch was the greater genius. Inventively, he was far ahead of Fulton. Yet the latter is remembered as the father of the steamboat. He had a backer. Fitch had none; he is therefore forgotten.

So it is with all inventions, including the medical. History shows they often die for lack of development. In such cases, it is the world that suffers. Hence, from the standpoint of humanity, development is often more important than discovery.

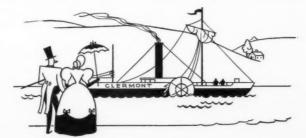
If you doubt this, ask a patient which he would rather have: A needed medicine? Or the formula for it?

The manufacturer performs a basic economic role. He transmutes ideas into realities. Without this, the most brilliant inspiration is worthless. As Dr. Yandell Henderson, of Yale, has observed:

"Inventions, like all other new ideas, have generally to be forced on conservative mankind. It would be easy to point to many inventions now saving large numbers of lives that would not yet be in use without advertising and salesmen. Without commercialization, a large part of the scientific ideas now in constant and active use in our daily lives would be locked in books on the dusty shelves of university libraries. It is the business of the creative scholar to see to it that his idea serves mankind in his own generation. He should find one or more high-grade concerns to develop it."

Why isn't this fully appreciated? Because manufacture is less colorful than invention. We all thrill to read how Franklin's kite-flying led to the discovery of the lightning-rod. But who remembers when or where the first of these useful items was turned out? Or the name of him who was responsible?

Problems of manufacture are often



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greater even than those of invention. Production, for instance, must be on a quantity basis. Price must be reasonable. Improvements must be made. The public must be acquainted with the product through advertising. Expenses and investment costs must be minimized, along with routine losses. All these problems have to be solved before mankind can begin to benefit.

Because of the part he plays in the development of inventions, the manufacturer naturally has a vital interest in patents. In the event of an attempt at centralized medical-patent control, it is imperative that he be protected. He must be guaranteed his expenses and a fair profit. He must have ample funds for research.

By safeguarding the rights of those who develop our inventions, we will, at the same time, be safeguarding ourselves. We will be continuing the great research tradition of Langmuir, Bosch, Bergius, et al. We will be helping ourselves to become Fultons, not Fitches.

It never rains but it pours. A young physician we know recently found this as true of clinic patients as of



the weather. Invariably more patients awaited him at the hospital than he could handle. Some could be quickly disposed of. But others required extended treatment.

A less conscientious practitioner might have passed out stock prescriptions. Not so our friend. His altruism pleaded the best of care for those needing it the most. His experience told him it could not be given under clinic conditions. What to do? Refer the clinic cases to his office for free treatment? His ethics warned that this might be interpreted as soliciting patients.

In desperation, he put it up to the clinic chief. The latter proved reasonable. He agreed something special should be done for certain cases. He, too, thought they might better be treated in a private office. Finally, he consented to our friend exercising his discretion in the matter. With one proviso: that all such cases be approved first by him.

They shook hands on the bargain. That was several years ago. The agreement still stands. It has worked splendidly for the patients. They receive the thorough care they might otherwise have gone without. And-hold your breath—much of the medical bread our friend has cast on the waters is being returned to him in the form of private visits!

For many of the medically-indigent are only temporarily so. The only difference between them and a private patient is often a job. Once this essential is obtained, they tend to resume their paying status. And, despite the cynical, not all of them forget the doctor who helps them while they're down.

On the other hand, if no such rescut is forthcoming, their only resort is the clinic. The habit grows. Soon, no matter what their circumstances, they are lost to private practice forever.

"Writing maketh an exact man," observed Francis Bacon. Alexande: Pope added, "True ease in writing comes from art, not chance."

With both, the medical-school faculty of the University of Indiana agrees. They were shocked recently by "appalling errors in spelling, punctuation, grammar, and rhetoric" on interns' examination papers. So they now require all future M.D.s to demonstrate Pope's "true ease."

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Indiana's new curriculum classifies split infinitives with split fees. Grades cover not only medical knowledge but its expression. A literary sense has been ruled "necessary for the advancement of the medical sciences. . .as well as for the progress of the individual physician."

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Here is Hoosier practicality coming to the fore. For writing is science's helpmate. Today, more than ever, is this true. Most of us are spending more time among groups. We are writing more papers. Proper self-expression is becoming an absolute

Writing ability also indicates the personal superiority expected of a professional man. Faulty composition is as inexcusable as a neglected appearance. Moreover, it can have the same effect on colleagues and patients.

Reading an interesting case history, you may sigh, "Why don't I get cases like that?" You probably do. But if they are not recorded, they will probably be forgotten. A scientific contribution may be lost.

For practice, why not keep a journal? It may be simply an account of your cases. Or it may include your personal medical opinions. In any event, confine yourself to the facts. Strive for simplicity and clarity. Pay no attention to style; that will come of itself.

Such literary labor may be hard at first. But kept at, it will soon become a fascinating habit. Fifteen minutes a day of such practice can never make you a Shakespeare. But they will add a valuable tool to your kit.

THE FIGHT FOR LIFE, as Paul de Kruif delights to call it, is being waged in the strangest places. Even the tabloids—hitherto sacred to crime, murder, and the gaudier aspects of sex—are not safe.

In the Chicago Times recently, this

four-column streamer hit us in the face: "Magic Key to Health!" Reading on, we found that the publishers had discovered a "priceless key," by which the public might "unlock the treasure chest of health." We were a little disappointed to discover later that they were talking about a book.

But what a book! The ad promised that it will safeguard not only the reader's life but the "lives of the ones you love"; it will bring him the "ex-

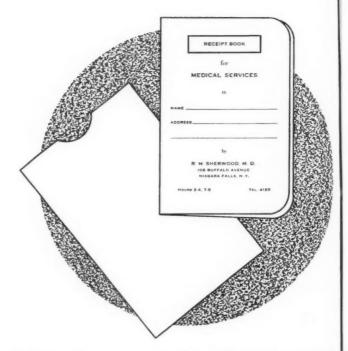


pert guidance that every family needs"; it will make "simple the workings of the complex human body"; it will tell him "what to do in emergencies"; it deals at length with "diet, exercise, glands, weight, blood-pressure, sex, childbirth, prenatal care, and hundreds of other subjects." If this were not enough, it includes "detailed information on the causes, symptoms, and treatments of more than 7,000 common diseases." Samples quoted range from cancer to chilblains, baldness to bed-wetting.

We looked to see how the eager layman could obtain this most priceless of all humanity's gifts. The advertisement told us. All he has to do is clip coupons from ten successive issues of the paper and hand them to his newsboy. Not forgetting the usual 98c, of course, for wrapping charges.

The editor of this boon to your practice is given as one Dr. Morris Fishbein. Could it be the...? No, we shunned the thought. It couldn't be the A.M.A.'s spokesman and crusader against unprofessional advertising. It must be some masquerader.

Still-isn't it an odd coincidence?



## Time Payments Can Be Dignified

When your bill is \$25 and the patient offers you 50c a week, do you write the account on ice? This Niagara Falls practitioner, with the help of the receipt book described below, manages to collect in full.

WHEN I had finished treating her little boy, Mrs. Wilson beckoned to me. Apparently, she wished to speak to me in private. I stepped into her kitchen.

"You know, doctor," she began in that confidential manner that bodes collection trouble, "I don't see when I'll ever be able to pay vou."

To say I was surprised is putting it mildly. The Wilsons were seemingly substantial people. They owned their own home, lived well. had a small car; and I, trusting in appearances, had let their account run for several months!

Trying to appear unconcerned I inquired:

"Has anything happened to your

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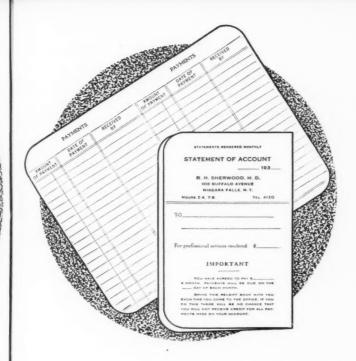
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"Oh, no; he's working," Mrs. Wilson replied. "It's just that the money seems to go for day-to-day expenses. You know how a bill of \$25. dropping out of the sky, can upset the budget—"

As she spoke, my eye fell on the refrigerator. It was evidently brandnew and must have cost at least \$100.

She noticed my glance. She must have guessed what was going on in my mind. Her face reddened and she said quickly:

"I suppose you wonder how we can afford a new refrigerator. Well, we got it on the instalment plan. It's only 75c a week..."

"Can you pay me that?" I broke in.

The harassed look disappeared immediately from her face.

"Why, of course, doctor." she said with surprise. "I would never have thought to offer you so small a sum, even though it's about all we can afford."

That ended my anticipated trouble with the Wilsons. Thereafter, Mrs. Wilson came to my office every week with her 75c. It took a long time; but eventually I collected in full.

The experience set me thinking. Many of my patients are like the Wilsons—people who are naturally honest but who live largely on

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credit. Their fondness for instalment-buying finds them habitually without cash for emergencies.

I began to realize what happened to my lump-sum bills in such households. They were shoved behind the clock and forgotten-in favor of less bulky demands. To compete with the instalment-planners, it seemed, I must adopt their methods.

Of course. I was at some disadvantage. Medical services, unlike furniture, for instance, can't be taken back. But I could at least emulate the instalment-plan companies by having a receipt book printed. That I proceeded to do, with the result pictured on pages 22 and 23.

The receipt book accomplishes two things:

It dignifies payments. And, consequently, it encourages them. The printed form is an asset in itself. It makes the patient feel that being able to pay only 50 or 75 cents at a time is not degrading; that other patients apparently settle up by the same method. Thus, the patient is given a chance (which he usually snaps at) to save his face; and the doctor collects.

Everything that went into this booklet was carefully planned. The stock, for example, is that used for wedding invitations. It was selected because it is pure white. suggesting professional usage; and because it is strong, which is necessary in something that receives much handling.

Closed, the folder measures 3½" x  $4\frac{1}{2}$ ". It's quite large enough for recording payments, yet tiny enough to slip into the daintiest feminine purse.

Observe that the book is en-

closed in a plain white envelope This enables the owner to present it to you or your secretary without embarrassment, even though other patients may be looking on. In contrast with the receipt books of many personal-loan organizations. there is nothing on the envelope that would label the person a debtor.

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The cover of the booklet provides space for the patient's name and address. Underneath are the doctor's name and address. telephone number, and office hours. Both inside pages are divided into three columns; one each for the amount, date, and acknowledgment of payment. The back bears a regular statement of the amount owed at the time of the arrangement, with the following reminder:

"You have agreed to pay \$-a month. Payments will be due on the - day of each month. Bring this receipt book with you each time you come to the office. If you do this there will be no chance that you will not receive credit for all payments made on your account."

The word "month" can. of course, be crossed out and "week" substituted, to suit the case. While this agreement is purely voluntary. nevertheless it brings home to the patient the importance of keeping instalments up to date.

With my receipt book, the bother of writing out numerous receipts and the annoyance of paying collectors' fees for small amounts are both eliminated.

All in all, it is a handy and inexpensive solution to a particularly troublesome kind of collection problem.

R. H. SHERWOOD, M.D.

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## Meeting the Patient Half Way

By LESLIE K. HUTCHINSON, M.D.

A doctor who has studied patients' reactions prescribes a few remedies for the practice with a low blood count.

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LAST YEAR I attended the graduation ceremonies of a large medical college. The dean delivered an oration that has stayed with me ever since.

The idea he gave his audience was not a new one, yet the difference between success and failure for many of those technically well-equipped young men lay within it. I found myself wishing I had learned such a lesson better.

The message I heard that day was about medicine as an art. The speaker made the point that through all civilizations the position of the "healers" and medicine men was achieved through practical art. The treatment of the sick, he said, will always remain an art—no matter how closely it becomes identified with science.

The speaker then answered the question, "What does it mean to say that medicine is an art?" It means, he said, that as a painter uses colors, so the doctor handles his patients from the human standpoint, selecting and applying his scientific knowledge according to individual needs. Warmth and expression, which separate a mediocre painting from an outstanding one,

also govern the success of a doctor's therapy. "Flat" pictures and "flat" physicians have little public sale.

Beyond wondering how many years it would take the thought to strike home fully to the graduates on that occasion, I decided to collect notes over a period of time on just what constitutes the perfect specimen of a physician. It has been an extremely informative—and practical—effort.

I have found, for one thing, that it helps to take the patient's point of view, asking, "What does he expect of me?" The answer is that he expects two things: (1) results and (2) community of feeling with his medical attendant.

This all adds up to the confidence which a doctor does or does not inspire. The four best ways I know of securing that confidence are found in the physician who is decisive, optimistic, thorough, and understanding.

The layman calls on a doctor believing he will find the knowledge and skill to remedy his ailment. It is important to crystallize that assumption by being decisive. Capable medical men are being indicted by the public every day for failing to put themselves across in this respect. Here are some lay comments on various doctors, culled from conversations I've heard in offices, hospitals, and on vacation trips:

"Dr. A makes me nervous with

that nasal, barking voice of his. My husband says it's all a show to cover up his ignorance."

"Dr. B is nice, but he talks too much and never really makes up his mind."

"I'd never trust Dr. C on anything serious. My wife had him for her second baby and he sent her to the hospital two days early. We were worried to death; and, besides that, it ran up our bill. Then when the baby came the doctor couldn't be located. An intern had to make the delivery."

"Don't go to Dr. D. He tries everything under the sun and figures he'll hit the right thing eventually."

Unjust? Certainly. But that's the way we, as physicians, are selected or abandoned in the public market. A traveling companion on one of my trips summed up the questions which a patient would like the doctor to answer outright. "When I'm sick," he said, "I want to know what's wrong with me, how long it's going to last, and what can be done to cure it."

This "doctor's dilemma" has kept me guessing for years. I've discovered that the only satisfactory way out is to dispense with indecision and proceed according to the best diagnosis and treatment indicated, giving the conviction that success is assured. I'm truthful; but I discourage direct questions.

The impulse to be strictly honest by raising certain doubts can seriously damage the patient's confidence. Few people are able to follow medical reasoning or to understand the fact that their cases often require periods of observation. When we don't have complete



Columbia Pictures

"'All Dr. K wants to do is operate."

confidence in a therapeutic measure, we should not ask the layman to share the burden of doubt. I make mistakes; but my patients generally continue loyal. One of them even told me once that he wouldn't trust a doctor who had been recommended to him as being infallible.

Those physicians who reap trust must first sow optimism. To the sick man, this might well be known as cheerfulness; for it's hard to make a person believe in his chances for quick recovery unless words are backed up by the expression of a whole personality. Here are some more "public witness" statements against doctors whose shortcomings fall into this category:

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ing feeling, just try Dr. E. He acts as though you had about 24 hours to live, even if it's only a cigarette cough."

"Dr. F is too darned cold and unsympathetic. He makes me feel like a criminal for being sick at all."

"Dr. G is grand if you're about to die; but he seems indifferent if you're not."

"Dr. H? His office is like a morgue—dim, stuffy, and full of torture instruments."

If cheerfulness could be stored in bottles, every one of us would be forced by competition to keep a supply on hand. It is an unsurpassed tonic. Even desperate cases are brought back to health; these should give us any justification we need for making cheerfulness a deep-rooted habit. Long faces and sombre inflections will contribute nothing to a patient's recovery; while optimism may. It has certainly contributed to many a practitioner's following.

What should the physician tell a patient whose malady is "incurable"? I have found from talking with laymen that they generally don't want to be told the truth in such cases. They may already know it, or they may be fighting on with their remaining hope and strength. If medical diagnosis falls short of 100% efficiency, there may be some slight chance for recovery. In any case, the doctor who pronounces final doom over a patient risks killing off his natural hope.

I have a specific case in mind: The patient was a child; the parents, regular clients of mine. I thought the case would probably turn out to be incurable. So I told the parents, "Your child is very ill. But there's some doubt as to the exact extent of the illness. We hope that it won't prove as serious as it now looks."

I asked them if they didn't want a specialist. They said they did. When he arrived, he concurred in my diagnosis. Unfortunately, however, he blurted out that there was no hope for the child. The effect on the family can well be imagined.

It developed later that the case was less serious than we had thought. The child eventually recovered. Whereupon, the parents immediately discharged the specialist and told me very frankly what they thought of him.

Confidence rests also on the thoroughness with which a physician takes care of a person.

Here are just a few complaints I've heard registered against this deficiency:

"Dr. I seems to have only three or four kinds of medicine to offer. You're bound to get one—or all of them."

"Dr. J gives me the once-over and has a prescription made out before I get a chance to tell him where the pain comes from."

"All Dr. K wants to do is operate."

"Dr. L got rid of my appendix. but not the pains in my side. Now he's after my gall bladder. He probably never thought of that the first time."

The average layman wants to be convinced that every possible precaution is being taken to get him well and to keep him that way. I know practitioners who look at a tonsillitis as separate entirely from the individual. They resort to a tonsillectomy without even considering that they may further in-

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jure the patient in the process. Theirs is a decisive course of action; but it is not based, as it should be, on full knowledge of the patient.

I try to make a continuous study of all my patients over a period of time, neglecting nothing which could possibly aid in diagnosis. With new patients, I go through a regular hospital routine, getting complete histories. I make a full physical examination before I proceed with treatment.

The average man wants to be asked questions. He wants to be sure you have exhausted all the possibilities that his sick feeling may involve. Then he goes away satisfied that you are giving him a full measure of attention. Industrial and insurance companies are educating the public more and more to thoroughness and interrelation in the various processes which govern their health. It is up to us to satisfy the demand.

Of final importance to the patient is that he be considered a human being—not merely a number in a case of file cards. This requires that the doctor take an active, honest interest in him as a personality. Failure to do so sometimes brings these damaging reactions:

"Dr. M only cares about money. He has one hand on your pulse and the other on your pocketbook."

"Dr. N always acts annoyed at my questions. It's just as if he were saying he has better things to do than bother with me."

"My children don't like Dr. O. He teases them too much."

I well remember the old doctor who used to visit me when I was a youngster. I had tremendous faith in him, and so did everyone else. His prescriptions were like some sort of magic. You just knew you were going to get well. He had a sincere sympathy for all your problems. His personal charm and dignity were not simply put on to gain a reputation. He knew that understandling is the first step toward helping. He understood, for example, that we all liked lollipops. So he gave them to us when we deserved them.

The desire to be understood is strong in people who are ill. And although our swiftly-changing scene offers less opportunity than a century ago to identify ourselves with the lives of our patients, we have new ways of gaining a full understanding of them by turning to the current literature on human relations and psychological behavior.

We are constantly in competition with quacks and cultists. The advantage that some of these competitors gain over us is achieved solely by giving the people the understanding they seek.

In my own practice I try always to give that something extra which patients want, confident that "quack appeal" will suffer in comparison with the real thing. The physician's natural desire to serve is matched by an unlimited opportunity to do so. To practice medicine as an art requires that our service be a giving of our persons, as well as of our medications and treatments. At least, that's what my home-made barometer of public opinion indicates.

THE FIRST medical journal in the United States was the New York Medical Repository. It made its debut on August 8, 1797.

#### YOU KNOW THE TYPE



"Thanks for getting here so quickly, Doctor. By the way, there's no charge for first aid, is there?"

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## EDITORIAL

#### THE HANDWRITING ON THE WALL

Specialism continues to boom. Recent figures show that more than 70% of the nation's young medical graduates expect to limit themselves to a single field. No doubt at least half of them will forego general practice entirely.

This indiscriminate growth can't last forever. Already there are signs that a weeding-out process is in the offing.

Most significant is the rise of the examining boards in the various specialties. Until 1927, there were but two such boards. Today there are thirteen (ten of them products of the past six years). The specialist lacking their approval threatens to become, in time, as obsolete as yesterday's newspaper.

Such control is not only desirable but inevitable. If specialism had been allowed to run wild, it would have found itself mired eventually by lowered standards, government domination, or both.

To a degree, this has already happened. The "specialist" who performs only one of the G.P.'s duties is all too familiar. Less publicized but quite as menacing are the attempts of politicians to dictate who shall be specialists. In New Jersey, legislation was introduced assigning this power to the state! Other states, notably New York, have toyed with the same idea.

Fortunately, in the present instance, medicine has had the foresight to beat government to the draw. For that reason alone, the movement to certify specialists deserves professional support.

From the standpoint of the individual specialist, however, there is an even more important reason why certification is desirable: It offers him sound economic advantages. Above all, it spells standing. It tells the world that you have had a specialized residency, as well as adequate postgraduate training and experience. It is a prerequisite for practically every national society; a necessity for the doctor seeking influential institutional contacts.

Even the general practitioner may share in its benefits. It allows him a means of referring patients to specialists whom he has never met but who he knows are properly qualified.

Patients themselves are learning to regard the board diploma as the hallmark of dependability. More and more are checking their family doctors' choice against the boards' lists. To encourage this, the Advisory Board for Medical Specialties will shortly issue a directory for the use of laymen. Only certified specialists, of course, will be included.

To the specialist as yet uncertified, the above is fair warning. If he is wise, he will see the handwriting on the wall and act accordingly. If not, the future may find him stranded along the way.

H herdan Baketel

On the left, politically, we have Senator "Ham" Lewis, pink-bearded prophet of state medicine. Pressing forward toward his appointed Rubicon, Lewis turned up recently at a Washington medical barquet. A MEDICAL ECONOMICS' correspondent who "sat in" transcribed the Senator's remarks in full.

SWOOPING DOWN on the Washington (D. C.) Medical and Surgical Society banquet at the Mayflower Hotel, May 19. Senator J. Hamilton Lewis startled members by informing them that the socialized-medicine noose is tightening around their necks. This latest performance of the Illinois legislator duplicated in many respects his descent on the A.M.A. convention in 1937.

Opening convivially, the guardian of the state-medicine interests recounted with relish his reception, years ago, at a local insane asylum. He quoted the remark of an inmate who, upon hearing Lewis speak, observed:

"Think of that fellow-he out and me in!"

His jesting done, the Senator proceeded soberly by telling his listeners, as well as medical men everywhere:

"It is impossible for you, gentlemen of the medical profession, wherever you are, to hope to escape the supervision and control of . . . government . . . You cannot hope that government . . . giving you authority . . . and . . . protection

## AS CONGRESS SEL



SOCIALIZED MEDICINE'S LEWIS

Of him, the asylum inmate said: "Think of that fellow—he out and me in!"

will not through . . . the state take some supervision of you."

Proclaiming this an "hour of change," he declared that government steps in "not to lay its hands upon men such as many of you here," but "upon the others who wished . . . to devote themselves only to . . . money, or the others which, in some carelessness of nature or hardness of heart and indifference to mankind, neglected that sense of duty to the miserable and helpless."

In answer to doctors who charge him with seeking to socialize medicine. he demanded:

[Continued on page 36]

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## SEES US . . .



PRIVATE PRACTICE'S PETTENGILL

"The average American family pays more for booze than to its family physician."

A NEW CHAMPION of private practice rose in congressional ranks as Representative Samuel B. Pettengill, of Indiana, flung down the gauntlet to Senator "Ham" Lewis at a recent meeting of the Chicago Dental Society. Warning that an attempted legislative putsch by state-medicine advocates will meet stiff resistance, he called for a "united front" against the foe.

"We are right up against the gun," he told the professional group. "One of the greatest struggles in the history of mankind is here."

The Hoosier Congressman began his address by proclaiming the deLeader of the move to form a strong anti-state-medicine bloc is Indiana's Representative Samuel B. Pettengill. The Hoosier Congressman extended a helping hand to private practice during a recent speech in Chicago. The following resume approximates one published in the Chicago Dental Society Bulletin.

sirability of preserving the individualism inherent in the doctor's position. He cited the patient's freedom of choice, the physician's freedom of service, and the mutual confidence between both.

"Outside of home, school, and church, life does not afford a finer relationship," he observed.

To those criticizing private practice's humanitarianism, he countered:

"If bankers, tariff lobbyists, labor organizations, veterans' groups, etc., always correlated their claims with the rights of society . . . as is done by the practitioners of the healing art, this would be a better world."

Fixing of "fees and compensation... by political agencies," the Congressman stated, would constitute "universal serfdom to the state." As he sees it, the remedy is to make the lay public realize these truths:

- 1. That the need for state medicine is "more apparent than actual."
- 2. That its results, where practiced, have been "nothing to brag about."

  [Turn the page]

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Regarding the first point, he asserted:

"Most people could pay their doctor if they placed their obligations ahead of their pleasures. The

average American family pays his att more . . . in . . . gambling, extrave the Ind agance, and laziness, than it pays to its family physician."

Admitting that some may regard

#### CAMOUFLAGE MORE



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advise record trustin their o the g federa Washi his attitude as "political heresy," the Indiana leader gave as his opinion that "only the competent . . . can take care of the incompetent . . . government cannot take care of anybody." As proof of its failure, he cited the neglect of the poor by Europe's "political medical bureaus."

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"Diphtheria," he said, "increased in both Germany and England under state medicine in that ten-year period [1923-33] and decreased in the United States by 65%. Consumption . . . in England, with state medicine, decreased 28%, and 45% in the United States, without state medicine."

To those who would socialize medicine, he commended the Metropolitan Life Insurance Statistical Bulletin of January, 1938, which reported a recent survey of its 17,700,000 industrial policy-holders. Holding this up as a fair cross-section of America's patients, Representative Pettengill said the survey revealed the following proof of America's medical superiority:

New all-time lows for all causes of death.

An increase in the average lifespan to a new world record.

A death-rate decrease of 36% since 1911.

The highest life-expectancy in the world for the American child. All this, the speaker declared, was accomplished under private practice.

For a basis of comparison he advised doctors to scrutinize the records of politicians before entrusting the medical profession to their care. As a starter, he berated the general incompetence of his federal colleagues. The city of Washington, run by the national

government and the home of the G-men, was described by Attorney General Cummings, he declared, as a "crime center."

"Out of 93 cities with a population of 100,000 or more," Pettengill said, "your national capital was fifth in burglaries, seventh in robberies, third in petty larceny, sixth in grand larceny, seventh in automobile thefts, eighth in assaults, and tenth in murders. . . There are 9,000 homes in Washington which have no inside running water, toilet, or bath . . . yet the government that runs Washington proposes to run you."

Socialization, the Congressman continued, spells "political favoritism." The party that "makes the largest contribution to the campaign fund or buys most of the campaign books" is the one economically favored. "The same slimy fingers of politics will determine the allocation; and you go back to the old story of the king and his courtiers right here in America."

The Indiana Representative declared that "laboratories have done more for mankind than legislatures" and that "in the professions nearly every improvement can be traced back to the individual rather than to the organization."

"I have seen...new and better equipment, devices, methods of treatment," he added. "Where do they come from? ... Government bureaus? No! They come from ... some man who has... an idea and elbow grease to make the thing work. Under government bureaus these forces are not released."

"The time has come," he challenged, "that we who think alike have got to vote alike."

#### J. HAMILTON LEWIS

[Continued from page 32]

"Where did you get that word, my brethren? Socialize the medicine? Do you mean by that turning it into the control of the state? We did not do such a thing."

On the contrary, the senator asserted, he and his associates merely seek "little remedies to the poor," while doctors are the ones who want socialization of medicine.

"You did it, dear friends," he explained. "You did that which was your right. You passed in the . . . law-making bodies, and you socialized yourselves, rightfully, by prescribing . . . regulation by which you asked . . . the state to socialize you . . ."

The "real object" of state-medicine legislation, he hinted, is to help preserve the state, to avert revolution where crowds will "march the streets in such disorder that they loosen every form of material property and invite every form of opposition to law and order."

The Illinois Senator's pink beard bobbed up and down spasmodically as he complained of professional "misunderstanding" of his Senate resolution. He assured his hearers the resolution does not intend "that the practice he [the physician] has shall be disturbed, nor his relation between himself and his patient, in any wise." Actually, he said, the government is supplying "a form of protection to your profession against the charlatan."

Shall a doctor, no matter how great his sacrifices, "go without some means?"

"I deny it!" quoth the senator.
"I insist he shall be treated as we treat the civil officers of the

government, the officers of the army and . . . navy, and shall be put in the exact position of one who is the servant of the state . . . he shall be rewarded in the same manner that we reward other citizens of the state in other branches of government."

It is "not for the patient's sake" that this program is proposed, he revealed. Rather, it is to preserve "not only . . . the ill person . . . but civilization itself."

Assuming a tender tone, and suddenly addressing the society members as "my brother professional men," the senator went further afield.

"The world all around you seems greatly disturbed," he lamented. "There seems to be no peace... the ancient standards which you learned from home and from mother no longer do you hear exhorted... children no longer respect age... the holy house of God is seldom visited...

"What," he demanded, "does it mean?"

With the help of quotes from Shakespeare, Senator Lewis painted a picture of the fall of kings; pooled the great forces of movement in civilization, and chose the present moment in history as ripe for the medical profession to—

"... aid these movements that we might repress ... revolts by giving to mankind contentment and, wherever we can, relief and happiness. It is because of this that you are asked by your government to lend them the aid of your intellect, your intelligence, and your suggestion as to the best method by which they may provide for those ... unable to provide for themselves."

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## The Specialties Clean House

By JAMES VAUGHAN, M.D.

There are specialists and specialists, as every doctor knows. To separate the qualified from the unqualified is the task assumed by the examining boards in the various special fields. This article traces the history and aims of the boards and explains why they are attracting widespread professional support.

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Who says so? He does? Well, he ought to know.

But his own standards may be faulty. Even his position as head of a hospital service may prove nothing except that hospital board members like his personality.

It may be well to ask, then:

Is he a self-styled specialist with no more real training than he could receive in the clinics? Or has he a mastery of the fundamental pathology, anatomy, and physiology of his subject, mellowed by extensive and mature experience?

Who can reply to these questions with certainty? Probably few general practitioners. Certainly not the layman whose judgment is based on superficial attributes such as an imposing office or gracious manners. The only competent judges of his qualifications are his fellow specialists.

In this belief, examining boards have been set up in thirteen specialties. Their purpose is to permit consultants to obtain the approval of their colleagues.

No statute compels the specialist to submit to scrutiny. He is not automatically adjudged incompetent if he refuses. But there is every reason why he should seek approval. The holder of an examining board diploma stands out. He is a qualified specialist in the eyes of the national organization in his field.

Prior to the boards' establishment, no recognized method of qualifying specialists existed. Then, as now, a blundering tyro could limit his practice to, say, brain surgery. Nothing could stop him but the opinions of his confrères. And, until recently, even they had no yardstick to measure his competence.

To promote specialist-training; to forestall government tampering; to enable the profession, the hospitals, and the public to recognize genuine specialists—these are the aims of the boards.

Each is made up of representatives of the national societies in the field and representatives from the corresponding section of the A. M. A. Scientific Assembly. For instance, the American Board of Obstetrics and Gynecology has nine Fellows—three each from the American Association of Obstetricians, Gynecologists, and Abdom-

inal Surgeons; the A. M. A. Section on Obstetrics, Gynecology, and Abdominal Surgery; and the American Gynecological Society.

The A. M. A. cooperates but does not supervise or control. Its Council on Medical Education and Hospitals recognizes the boards and receives their suggestions. Through its scientific sections, it is represented on the boards. In return, it uses its *Directory* and other machinery to foster the work.

The boards can not legally restrict practice. Nor can they disqualify those lacking certification. Only legislation could do that; and organized medicine frowns on government interference. As Dr. Charles Gordon Heyd proclaimed from the A. M. A. presidential chair: "It would be disastrous for the states to assume the function of designating qualified specialists."

Fear of political domination prompts this coolness toward government control. Feared also are possible variations in state standards. Under a state-licensed system, authorities see a surgeon held incompetent to remove an appendix in Pennsylvania, yet qualified to do so in Mississippi.

To prevent such inconsistencies, any system must obviously be nationwide. "Nationwide," however, need not imply federal control. Regulation by the profession is the solution advocated. The examining boards are its agencies; education,

not legislation, the means.

As the boards have multiplied. integration has become necessary. With that in mind, the Advisory Board for Medical Specialties was organized in 1933. To this body come two Fellows from each examining board. Also represented are the Association of American Medical Colleges, the National Board of Medical Examiners, the Federation of State Medical Boards, and the American Hospital Association. Although not directly represented and not bound by its decisions, the A. M. A. has approved, and cooperates with, the board,

Now the question arises: Who can take the board exam-

inations?

Every applicant must be an A. M. A. member, with a year's approved internship. Besides that, he must have had three years' postgraduate training in his specialty, as well as two additional years of study and practice.

Examinations are in two parts. The first is written and covers the specialty and its basic sciences. The second is oral and includes clinical demonstrations, interpretation of pathologic slides, and a review of the field.

The passing mark is 75%. Those who fail may be re-examined. In addition to the other requirements, most boards demand actual case records indicating diagnostic and therapeutic judgment.

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specialists may sometimes have their written examinations waived. Ten or fifteen years of specialized practice is the usual requirement for certification in such instances. However, most boards have set early dates for discontinuing certifications among this preferred group.

Ordinarily, examinations are held twice a year: at the time and place of the annual A. M. A. convention and at the annual meeting of the specialty's national society. Fees average about \$50 per applicant, causing some to exclaim:

"Why should a physician, accepted as a specialist in his own community, pay \$50 for the privilege of studying tedious fundamentals, grappling with pathologic slides, and risking a long examination? All he gets is an engraved certificate from a board without

legal powers. . ."

To which the supporters of the boards reply:

"There are two good reasons for becoming certified: First, the satisfaction of being recognized as a genuine specialist by your colleagues. Second, the likelihood of having work assigned and forwarded to you by hospitals, laymen, and fellow practitioners.

Instances abound where certification has reacted to the advantage of the specialist with foresight enough to secure it. To cite a common example:

A patient from Detroit plans to summer in Atlantic City. He asks his family doctor to suggest a good specialist there. For guidance, the family doctor turns to his list of board diplomates. He finds the names and addresses of several men whom he can safely recommend. Designated specialists are certain to be well-trained; and, the chances are, acceptable to both patient and recommending doctor. As certification grows in prestige, its advantages naturally increase. For example:

The Advisory Board for Medical Specialties is preparing a general directory of certified specialists. The American Hospital Association has advised its members to consider requiring the heads of service to be certified. Even laymen are beginning to consult the boards' listings (they are available to the public) before choosing a specialist.

To these factors is attributed the skyrocket ascension of the certification movement from one examin-

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ing board in 1922 to thirteen to-

The holder of a certificate must agree to limit his work to the specialty indicated. If he does not, his diploma may be withdrawn.

The number of specialists certified by the different boards varies. Neuro-psychiatrists have so far qualified 455; gynecologists and obstetricians, 737. The longest list—that of the American Board of Otolaryngology—includes 2,500 names. Unquestionably, more men would apply to the boards were it not for the fear of failure. Those who do apply are usually well prepared. From 15% to 25% usually fail at their first examination.

Few movements entirely escape criticism. Nor are the boards an exception. Their opponents generally advance one of several arguments. The first goes like this:

"Fellows of the board are selfdesignated dictators. They seek to create a monopoly, exclude those personally distasteful, and certify those personally acceptable."

Friends of the movement counter thus: "Examiners are elected by the national specialty societies and by the A. M. A. Scientific Assembly. Thus, they are the chosen representatives of the recognized specialists and not self-appointed arbiters. Since no applicant may be examined by a Fellow from his own community, or even by one who has been his chief, how can there be personal feeling?"

Other critics contend that the purely voluntary nature of the movement and the lack of governmental recognition render certification a sterile honor.

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To these, the boards' adherents answer thus:

"No group of lay legislators or politically-selected administrative officials can determine the qualifications of a medical specialist, More prestige and power attach to a diploma issued after voluntary submission than to one resulting from a legally-compelled examination. Further, governmental tampering with medical practice can best be discouraged by the willingness of organized medicine to put its own house in order. The mushroom growth of pseudo-specialists must be controlled. If the profession does not regulate it, the politicians will. The boards seek to function through the former, healthier process. Should they be defeated by indifference or hostility, the profession will be playing into the hands of the politicians. Another interest of medical practice will be lost to bureaucracy."

A third objection is that allowing the public to scan the lists is a breach of confidence and amounts to unethical advertising. Supporters of certification rebut this as follows:

"To promote the physical wellbeing of the patient and to protect public health are the highest canons in medicine's code of ethics.

### RAY-D Irradiated YEAST TABLETS

500 UNITS of VITAMIN D in addition to other YEAST VITAMINS

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#### Bringing up a good dinner companion

### Thomas Malek at 3 months

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At 10 weeks Tommy had taken the first steps toward solid food. Clapp's Strained Cereal, Spinach and Carrots agreed with him so well that at three months other Strained Vegetables and Fruits were added to his diet. Neither too coarse nor too liquid, the texture and formula of each Clapp product is approved by baby specialists.



### Thomas Malek at 7 months

At this age, Tommy was enjoying the entire Clapp menu with its wide variety of distinct vegetable and fruit flavors. At five months he was put on a three-meals-a-day schedule, and gained weight and grew steadily. All the rich, healthbuilding vitamins and minerals in the Clapp Foods are protected by swift pressure-cooking.



### Thomas Malek at 11 months

He sat alone at 9 months, crept at 10 and stood alone on sturdy little legs at 11 months. He was 30 inches tall and weighed 21 pounds.

#### NEW

#### Clapp's Chopped Foods

.. coarsely divided foods for the older baby and the young child.

More uniform in texture than home preparation can provide-with all the advantages of Clapp's Strained Foods in vitamin-conservation, sterilization and convenience.

8 Varieties - Chopped Spinach, Beets, Carrots, and Green Beans; Chopped Vegetable Soup and Liver Soup; Chopped Prunes and Apple Sauce. Now at grocers' and druggists'.

FREE: May we send you booklets on Clapp's Strained Foods and the new Clapp's Chopped Foods? Address Harold H. Clapp, Inc., Dept. MSU, 777 Mount Read Blvd., Rochester, N. Y.



#### 16 VARIETIES

Baby Soup (Strained), Baby Soup (Unstrained), Vegetable Soup, Beef Broth, Liver Soup . Tomatoes, Asparagus, Spinach, Peas, Beets, Carrots, Green Beans . Apricots, Prunes, Apple Sauce . Baby Cereal

Clapp's Strained Baby Foods



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Allowing the public to learn who is qualified is a step toward better health protection."

Some fear that publishing the names of specialists—as in the forthcoming directory—may encourage self-diagnosis. Board advocates answer this by reminding critics that no true specialist would treat a patient whose illness is outside his particular province.

Perhaps the most frequent complaint is about the \$50 fee. Such objectors are referred to the board member who explained:

"Fees have been carefully computed on the basis of the cost of examinations. The money is used entirely for administrative expenses. No member of any board receives remuneration for his services. All examiners serve without compensation other than actual expenses."

First to create an examining body were the eye specialists. In 1917, they organized the American Board of Ophthalmology. On its heels came the American Boards of Otolaryngology (1923), Obstetrics and Gynecology (1927), Dermatology and Syphilology (1932), Radiology (1932), Pediatrics (1933), Psychiatry and Neurology (1934), Orthopedic Surgery

(1934), Urology (1935), Pathology (1935), Surgery (1936), Internal Medicine (1936), and Anesthesiology (1938). Fractional specialties—proctology, cardiology, gastro-enterology, etc.—are not yet recognized as suitable fields for certification.

Queries about the work of the Advisory Board of Medical Specialties should be addressed to its secretary, Dr. Paul Titus, 121 South Highland Avenue, Pittsburgh, Pa. The names of secretaries of individual boards will be furnished on request by Medical Economics.

#### **Drug substitution**

Drug substitution can be curbed very simply. Let physicians who have their own prescription blanks printed include an extra line of type at the bottom of each blank, as follows:

"If the genuine ingredients designated in this prescription are not available, the prescription is not to be filled."

This warning is likely to have both a psychological and practical effect on the druggist since it emphasizes the fact that any substitution is a direct violation of the doctor's orders.—CHARLES M. RICHTER, New York City.



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held by physicians in an antispasmodic and sedative which is safe and effective.

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HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

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# HARVA-CARBS

# FOR HYPERACIDITY AND ALLIED DIGESTIVE DISORDERS

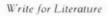
Rapid and Maximum Relief, Prolonged Action

The clinical success of HARVA-CARBS in allaying gastric distress, hyperacidity, heartburn, and allied disorders is due to its carefully balanced formula.

The problem in this type of therapy is to produce immediate neutralization of the gastric hyperacidity without subsequently interfering with the digestive processes or the normal gastric chemistry, or producing a secondary secretion of acidity within two or three hours. This frequently results when massive doses of single alkalies are employed.

HARVA-CARBS is a balanced preparation containing bismuth subnitrate, sodium bicarbonate, charcoal, ginger and aromatics. These ingredients have been combined in suitable ratio, as a result of which a small dose is possible and the action is prompt and prolonged. HARVA-CARBS is prepared in the form of tablet triturates, thus insuring rapid disintegration. Convenient to take, and very palatable.

Bismuth subnitrate is practically insoluble and protects and soothes the mucosa. Sodium bicarbonate in proper dosage assures adequate neutralization of gastric hyperacidity. The charcoal aids in absorption of the disturbing gases. Gingeracts as a carminative, aids in the expulsion of gases, and lessens pain in the alimentary canal.





#### ADVANTAGES OF HARVA-CARBS:

- 1. Neutralizes excessive gastric acidity without danger of hyper-neutralization.
- 2. Has a soothing, protective effect on the walls of the stomach.
- 3. Quick and prolonged action.

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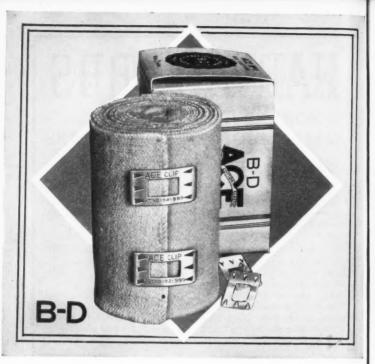
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COMFORTABLE... the flexible open weave affords elasticity and ventilation. Adjustable pressure. COOL... All-cotton, no rubber. Light but firm support without hindering circulation.

CLEAN ... Simple washing in warm water also re-

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ECONOMICAL...the ACE is durable and may be repeatedly used for many types of application—any place on the body.

FOR WOMEN...the ACE No. 7 is suggested. It is silk-filled, flesh-tinted, with flat woven edges. Women pre-

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# Investors' clinic

"Legal" railroad bonds...guaranteed dividends...leverage... fire insurance stocks hold on...the commodity markets...riding the come-back.

Until Recently, "legal" railroad bonds were considered the prize blue chips for investment. "Legals" are bonds which states have ruled good enough to merit investment by savings banks, insurance companies, and trust funds. In other words, they are "legal" for investment by institutions which perform a service amounting to a public trust.

But the status of legal railroad bonds has changed. Road earnings—even when traffic is heavy—have been declining. Taxes are increasing. Wages are high. And other new charges have been levied against the roads by the government. As a result, bond earnings are falling off.

If you own such bonds it is a good idea to check up on them. Make sure that interest is being earned at least twice over. If earnings fall under that amount—if they aren't at least double the amount of interest that must be paid out—the bonds will be stricken from the list of legal investments. If that happens, their prices will topple—and you don't want to be left holding the bag.

\* \*

Almost all railroad stocks are deeply depressed—more so than

the stocks of leading industrial companies. Skimpy earnings have frightened investors away; and even "guaranteed" railroad shares have plummeted from their oncelofty position.

Yet some of these guaranteed stocks are safer than many bonds on the market. They include the shares of small railroads which have been leased by strong companies such as the Pennsylvania, New York Central. or Southern Pacific. To gain right-of-way leases over the tracks of such small companies, the big roads in a number of cases have agreed to pay dividends, regardless of earnings, on the stock of the leased roads. In other words, they have guaranteed their dividends.

The guaranteed shares of several small railroads are cheaper today than they have been since 1932. They are worth looking into.

\* \*

Ever hear of "leverage" stocks? "Leverage" is a technical term used in describing corporations with a distinctive type of capitalization. To illustrate:

Most companies divide their capitalization about fifty-fifty between bonds and stocks. They may have, say, \$10,000,000 of bonds

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outstanding plus 1,000,000 shares of common stock (of \$10 par value) totaling another \$10,000,000.

Some companies, however, do not follow the fifty-fifty rule. They may have, for example, \$10,000,000 of bonds outstanding, and only 100,000 shares of common stock of \$10 par value, totaling in this instance but \$1,000,000.

Now, assume that the two companies in the above illustration have bonds bearing a 6% coupon. That means both companies will have to pay out \$600,000 a year in interest. That amount must be earned before the stockholders can receive anything.

Then suppose that earnings of both companies increase from a scant \$600,000 a year to \$1.600,000. What happens? In both cases, after bond interest is paid. \$1,000,000 is left over for the stockholders. With the first company, that \$1,-000,000 must be divided among 1,000,000 shares, each share earning \$1. But in the second illustration, the \$1,000,000 is divided among only 100,000 shares of stock, each share earning \$10.

That's leverage.

In other words, companies with relatively small capitalization in common shares benefit nicely when earnings rise; their shares go upward rapidly. Many stocks on the exchange fall into this category.

For people who expect business to improve in the fall-and most economists do-an investment in stocks with this leverage attraction has definite merit.



With a few exceptions, investment trusts of the so-called management type (in which the company executives are free to buy or sell stocks at will) fared rather poorly in the first quarter of this year. Many of them sold large holdings of common stocks around the year-end. Yet market prices of shares were higher on March 31 than they were at the end of the preceding quarter. The companies would therefore have done better to hold their stocks.

Contrast their performance with that of leading fire insurance companies. Fire insurance companies are similar to investment trusts: they can invest a large part of their funds in the common stocks of other companies. Yet unlike most investment trusts, the fire insurance companies held onto large blocks of stock in the first quarter. waited for better prices, and are better off for having done so. Their stocks have held up well throughout the first five months of this vear.

During more than a century of performance, the managers of fire insurance company investments have proved to be shrewd judges of values. Their stocks offer excellent investment attraction.

For one thing, the fire insurance companies have two major sources

# MATIONAL Allantoin 2% Ointment

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# Saline alkali buffers in an effervescent tablet

Medical authority recognizes the rationale of prescribing buffer salts normal to the body as a safe, effective means of securing alkalization.

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of income: one from insurance premiums, the other from investments. That gives the stockholder double protection. If earnings from insurance premiums decline during the year, dividends accruing to the companies from their investments will probably offset the lack of insurance business.

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Speculators, driven out of the securities markets, are now turning to the commodity markets. There they can buy wheat, corn, cotton, and other commodities on much smaller margins than they can buy stocks.

If a man purchases \$10,000 worth of shares on margin, he must put up at least \$4,500, the broker extending credit for the balance. But in the commodity market a trader can carry \$10,000 of wheat on a margin of only \$1,000.

Recently, of course, commodities have fallen as far as stocks. But it is significant that the government favors commodity markets over security markets; hence the more lenient margin in that field. There are good reasons for the discrimination. First, the general public does not speculate in commodities; it knows more about stocks. Second, the government

wants to help the farmer, so it won't clamp down too heavily on the commodity exchanges. The latter are essential to millions of farmers whose livelihood depends upon having active markets in which to sell their produce.

The technique of buying and selling in the commodity markets is little different from that of the stock markets. The business of buying on margin is still risky; a man can be as badly hurt in the wheat market as he can speculating in stocks. It is always safer to buy outright, to put up cash and leave the margin field for the speculator.

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When a physician is caring for a patient whose resistance is good, he feels that his battle is half won. The patient's "come-back" power is a valuable asset. So it is with stocks. Some of them are notable for their come-backs in the past.

Between 1932 and 1937, certain stocks made exceptional comebacks, both in earnings and in rising market prices. These were the shares of companies situated in industries quick to advance whenever business "turns the corner" toward brighter days.

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#### BORDEN'S BRIEF BIOGRAPHIES



#### \*AUNT FLOSS\*

Founder of the "Give for Borden" movement. Aided Borden inspectors and veterinarians in their campaigns for cleaner barns, stricter rules, purer milk. Feared and loved by all who knew her.

Is there a difference in evaporated milks? We say yes. Our experience shows that finer fluid milk at the farm makes finer evaporated milk. And that's why we are fussy about testing and inspecting all milk that goes into Borden's Irradiated Evaporated Milk. Our product must meet the highest of all standards—the physician's own rigid requirements for infant feeding.



To make sure your patients are taking advantage of these extra safeguards, write the name Borden's on your infant feeding formulas calling for evaporated milk.



Borden's Evaporated Milk was accepted in 1930 by the American Medical Association Council on Foods.

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ing program now in the making, it is reasonable to expect that companies with natural resiliency will repeat their previous performance. An hour spent in a public library checking over the records of ten or fifteen leading companies may give you a good clue on what to buy for the next rise.

-FRANK H. MC CONNELL

Location tips

PHYSICIANS have died recently in the following towns. Not all the towns are therefore promising places in which to locate. But they do merit investigation. Only those communities are included in the list which have populations of 50,000 or less and in which the ratio of physicians to population is reasonably favorable.

Names of these towns are obtained from Medical Economics' post-office returns (returned copies marked "deceased"). They constitute the most complete and up-to-date list available anywhere—due to the magazine's large circulation (130,000 monthly). Also included are the names of towns sent to Medical Economics by physicians and laymen who state that their community needs a doctor. The names of such towns are followed by an asterisk (\*).

Data about the type of competition in a community, the financial status of the people, and general living conditions can best be obtained by a personal visit. MEDICAL ECONOMICS will gladly answer mail inquiries, however, about the population of any town, the number of physicians in it, and hospital facilities available.

ALABAMA: Atmore\*, Cedar Bluff CALIFORNIA: Corcoran, Richmond COLORADO: Aurora, Georgetown FLORIDA: Macclenny

Illinois: Granite City, Sterling, Teutopolis

Indiana: Connersville, New Albany, Shelbyville

Iowa: Muscatine, Stuart

KANSAS: Utica MASSACHUSETTS: North Adams

Michigan: Manton, Montgomery, Vestaburg Minnesota: Belview

MISSISSIPPI: Bay St. Louis MISSOURI: Washington\*

MONTANA: Laurel

NEW HAMPSHIRE: Berlin NEW JERSEY: West New York

New YORK: Adams, Ashland, Mineola, Ripley Ohio: Bethesda, Cortland, Warren

OHIO: Definesda, Cortiand, Warrer
OREGON: Cottage Grove
PENNSYLVANIA: Leechburg
SOUTH CAROLINA: Lexington
VIRGINIA: Snowville

Wisconsin: Eau Claire, Tripoli

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## BASIC OPERATIONS IN COMMERCIAL CANNING PROCEDURES

#### V. HEAT PROCESSING THE SEALED CONTAINER

• Previously, we have described how raw food material is sealed in the tin container after proper preparatory treatment. After sealing, the next important step in commercial canning is the heat process, or "process" as it is called in the industry.

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Essentially, the processing operation involves exposure of the sealed container to hot or boiling water, or to steam under pressure, for the correct period of time. The purpose of the process is to destroy pathogenic or spoilage organisms which may be present on raw food material; the seal on the can then prevents re-infection of the foods by such organisms. Thus, the sealing and processing operations combine to insure a sound, wholesome canned product.

It is not possible here to review all factors which must be considered in the establishment of an adequate heat process for any specific product. Such factors have been briefly discussed in recent publications (1, 2). It must suffice to state that, in general, commercial processing operations are divided into two general types, depending upon the acidity of the food being canned.

The "acid" foods—including the common fruits and certain vegetables or vegetable products whose pH values fall below 4.5—are quite easily heat processed. With such foods it is only necessary to heat the sealed container long enough to permit the attainment

of a definite temperature in the center of the can (usually 200°F. or slightly less). In fact, some acid products may be processed by filling sufficiently hot, sealing and inverting the cans, and cooling without further process.

The "non-acid" foods—such as meat, sea foods, milk and most of the common vegetables—require temperatures above that of boiling water for adequate heat processing. Such foods are processed under steam pressure in a closed "retort", usually at a temperature of 240°F. Years of research have made possible the issuance for the guidance of modern canners of a bulletin listing recommended process schedules for the non-acid products (3).

Regardless of the temperature of processing, equipment is available which permits use of the batch or "still" process, and the "continuous" or "agitating" types of process for sealed cans. Improvements in processing machinery and accessory instruments during the past two decades permit precise, scientific control of commercial processing operations.

Above all, however, the modern canner has a clear understanding of the underlying purpose of the process and a deep appreciation of the necessity for strict supervision of the processing operation. Commercially canned foods, consequently, must be ranked today among the most wholesome foods coming to the American table.

## AMERICAN CAN COMPANY 230 Park Avenue, New York, N. Y.

(1) 1938. Food Research 3, 13. (2) 1937. J. Amer. Med. Assn. 109, 1046. (3) 1937. Natl. Canners Assn. Bull. 26L, 3rd ed.

This is the thirty-eighth in a series of monthly articles, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



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# NEW PRODUCTS recently introduced by



\*Caprokol\* Jelly — An antiseptic jelly for vaginal application. For the treatment of trichomoniasis and nonspecific leukorrhea. An effective germicidal lubricating jelly.



Lirimin Capsules—A new liver-iron-vitamin combination for treatment of secondary anemias. Contains concentrated liver extract, iron, ascorbic acid (Vitamin C) and Vitamins B<sub>1</sub> and B<sub>2</sub> (G).



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Vitamin B1, Soluble Tablets
— Designed especially for infants and children. A tablet
triturate containing 50 units
Vitamin B1 Crystalline.
Tasteless. Readily soluble in
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Vitamin D, Soluble Tablets
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administration to infants and
children. Tasteless and readily soluble in water, milk or
fruit juices. Contains 500
units Vitamin D.



Vitamin B1, Ampoule-Vial
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B1 Crystalline, 5 cc., each cc.
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Elixir B-G-Phos-Contains natural Vitamin B Complex and Glycerophosphates in an exceptionally palatable base. An efficient tonic. Improves the appetite. Stimulates digestive functions.



Esdavite Capsules - Highpotency vitamin capsules: 10,000 units of A; 120 units of B1; 10 units of B2 (G); 1,000 units of D. (Esdavite with Vitamin C: Same formula plus 200 units of C.)



Digitos Tablets - Tablets of digitalis leaves, 11/2 grains, slotted to divide into smaller doses. Each tablet represents activity of 15 minims Tincture Digitalis U.S.P. XI (approx. one cat unit).



Propadrine Hydrochloride-Similar in action to ephedrine. Effectively controls the symptoms of hay fever and asthma with minimum toxic effect. Available in capsules, solution and nasal jelly.



Padrol-Solution of Propadrine in an oil base for topical application in the decongestion of inflamed and engorged nasal mucous membranes.



Thermotabs-Sodium chloride and dextrose tablets, to minimize fatigue and to prevent heat prostration due to excessive perspiration.

DETAILED LITERATURE ON THESE PRODUCTS SENT ON REQUEST

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Neobovinine with Malt and Iron stimulates the appetrant is a substantial source of mineral salts often lacking from the average diet . . . . . Prescribe Neobovinine with Malt and Iron for children of all ages.

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## Will A. M. A. Be Investigated?

Representative Byron Scott and the U.S. Department of Justice weigh evidence charging organized medicine with being a "combination in restraint of trade."

From two directions, government investigation threatens to descend on the American Medical Association. Representative Byron Scott, of California, would lead the way with a Congressional probe. But under Assistant Attorney General Thurman Arnold, recent Roosevelt appointee, the Department of Justice has already begun preliminary investigation of anti-A. M. A. charges.

Representative Scott's resolution died in the rush of other legislation. Nothing daunted, he plans to reintroduce it at the next session if he is re-elected. A former schoolteacher, this 35-year-old legislator told Medical Economics that his goal is to "educate the people on the monopolistic control of the American Medical Association over everything connected with healing." He predicts that his investigating committee, as yet non-existent, will "break the power of the A. M. A. to hinder the development of organizations engaged in group-health activity and eventually will lead to legislation further-

To some observers, this attitude indicates that such an investigation would be the forerunner of legislation extending government patronage of cooperative clinics.

ing this movement."

The spark that touched off the Congressman's tinder was organ-

ized medicine's opposition to the Group Health Association. Inc., Federally-financed clinic for H.O.L.C. employees. (See MEDICAL ECONOMICS, Oct., Nov., 1937; Jan., Feb., Mar., May. 1938).

In a rafter-rattling speech in the House, the pedagogue-politician referred to the A. M. A. as the "Doctors' Trust"—an "odious monopoly" guilty of "inhuman greed," a nationwide crusade . . . against . . . workers," "autocratic, domineering, inhuman discrimination," and "racketeering." He described medicine's present situation as a national scandal, fraught with danger for millions of people.

Flatly accusing organized medicine of cracking down on cooperative efforts to organize against sickness, Scott threw a sheaf of specific charges into the Congressional mill. Labor, Washington (D. C.) newspaper, in covering the speech, reported:

"The California lawmaker declared that several persons whose lives were hanging by a thread were refused admission to [Washington] hospitals until the Health Association met the exorbitant demands of physicians who are members of the Medical Society.

"Scott told Congress that, if an investigation is ordered, witnesses will come from all sections of the country with evidence showing that

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the tactics being employed in Washington are part of a nationwide crusade by the 'Doctors' Trust' against efforts of workers to help themselves.

"It is 'high time,' Scott emphasized, that members of Congress air 'the high-handed attitude of the combine' and let people understand that 'selfish physicians have taken their position because they have a vested interest in the sufferings of the people...'

"He insisted that the fight on cooperatives is directed by the American Medical Association, which . . . is dominated by Dr. Morris Fishbein, a bitter foe of every movement to secure medical service for that half of the population which is now going without attention because it is unable to pay doctors' bills. "These specific instances of intimidation and coercion were cited by the California Congressman:

"In St. Louis, a group of doctors who have been giving fine service to the Wage Earners' Health Association have been notified they will be ousted from the medical society. There the fight has gone so far that the staff of the Missouri Pacific Railroad Hospital is under attack.

"In Milwaukee, outstanding physicians serving a cooperative have been blacklisted by the hospitals after being ousted from the medical society.

"In San Diego, California, doctors who had served a cooperative for five years were suddenly confronted with charges of 'unprofessional conduct' and threatened with ouster from the health society.



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ALTHOUGH the cause of many lurk obscurely in some systemic condition, the relief of symptomatic manifestations proves extremely beneficial . . . while constitutional measures are being in augurated.

Ergoapiol helps remarkably to mitigate discomfort and normalize functional expression, by its tonic stimulus of smooth rhythmic contractions of the uterine musculature, and its hemostatic effect. Its dependable efficacy derives from its balanced content of all the alkaloids of ergot, together with apiol (M.H.S. Special), oil of savin and aloin.

Indications: Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, menopause, in obstetrics.

Dosage: One or two capsules three or four times daily.

How Supplied: In ethical packages of 20 capsules.

Write for booklet: "Menstrual Regulation by Symptomatic Treatment"



ERGOAPIOL

"The Voluntary Health Association of San Francisco, which by city charter provides medical and hospital service for 9,000 municipal workers and their dependent, finds it impossible to get into operation because the medical society has notified the organization committee it would oust any doctor it might employ."

A similar set of charges, pointing to certain actions of organized medicine as effecting "combinations in restraint of trade," is now in the hands of the Department of Justice. Among these complaints are several filed by members of the United Federal Workers of America.

Preliminary to formal investigation, G-men must answer this poser:

Is medical practice liable to definition as commerce or trade under the anti-trust law?

Authorities on this legal question deny that a practicing physician or hospital could possibly be engaged in "interstate commerce." Further, accepting the doubtful claim that practitioners are subject to anti-trust proceedings, do their activities in any way infringe upon the Clayton Act?

Not officially confirmed, but springing from a creditable source, is the report that both questions have been answered tentatively in the negative. If that is so, no probe will follow. In the event that this decision is made final, complaint may be continued, though limpingly, on this ground: Courts have held that the anti-trust laws apply to local trade and commerce in the District of Columbia.

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The Department of Justice study was spurred by complaints from Capitol Hill, notably from Representative Scott. It was encouraged by President Roosevelt's sharp criticism of the medical societies for interfering with Group Health Association. The U. S. Public Health Service is keeping the subject alive by reiterating that the ill-fed, ill-housed "one third" is likewise ill-cared for from a medical standpoint, and must be publicly aided in that direction.

Yale University also comes in for a share of the activity; not only for furnishing faculty-member Thurman Arnold, head of the Department of Justice probe, but also through its Law Journal. The latter offered Dr. Mario Scandiffio, G.H.A. doctor expelled from the District of Columbia Medical Society, some free professional advice. It assured him he had good cause for action against the society.

The Law Journal cited violation of the anti-trust law as the basis of a possible suit. Copies of the article are known to have reached the Department of Justice, where Yale's Arnold is chief trust-buster.

Meanwhile, the prime rib of contention—the Group Health Association itself—awaits anxiously the findings of the judicial branch of government. A declaratory judgment has been asked on whether the G.H.A. is illegally practicing medicine, and whether it is an insurance organization not registered as such. In all probability, the G.H.A. will have covered itself through by-law changes and legal compliance with insurance laws by the time a decision is reached.

Beyond the immediate controversy, the *March of Time* newsreel, scheduled at this writing for early release, will present a very attractive and complimentary graphic story of the C.H.A. clinic. In addition, stories have been planted in many magazines, reprints obtained, and wide circularization effected.

Washington doctors are up against a well-armed foe. They have to contend with the President; with the U.S.P.H.S.; with the Department of Justice; and with an organization of 50,000 government employees, many of whom are pleading with G.H.A. to enlarge its facilities and take them in. The G.H.A. spokesmen, through an efficient publicity department, are getting a "good press."

Hence the growing feeling among both politician-supporters and phy-



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and other skin disorders.

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sician-opponents that, A.M.A. investigation or no, the continuing struggle over the G.H.A. will settle the fate of Federal clinics generally—both present and prospective.

## State societies prepare for action

Delegates weigh security, war, foreign relations

ECONOMIC SECURITY, international relations, and the possibility of war were foremost among the subjects to rock state medical groups in conclave recently throughout the nation. From New York to California, adjectives and expletives flew thick and fast as delegates collided in the liveliest sessions in years.

SHEPHERD—In California. Dr. Earnest Dozier thought it wise to separate the wolves from the sheep; his "wolves" being public-health officers, full-time university clinical staff members, school physicians, and others whose interests were suspected of being nearer state medicine than private practice. Although delegates quashed his resolution to confine the "wolves" to associate membership in the state medical association, they did, nevertheless, commend his philosophy as worthy of study.

SPANKING—At Galveston, Texas, physicians openly rebuked the American College of Surgeons and the American College of Physicians, among others, for giving out opinions on medical-economic matters. Since members of these bodies belong to the A.M.A., said the

Texans, the spokesmanship of the organizations is unwarranted. This was understood as a slap in the face for certain A.C.S. and A.C.P. big-wigs who are said to have hurt Texan pride—as well as that of "little men" elsewhere—by ignoring their feelings in the recent state-medicine squabble.

SNOOZE-The New York State Medical Society is reported sleeping on a volcano in the form of a highly-explosive amendment to its by-laws. The state body proposes to grant itself complete control over "policy . . . legislation . . activities" of "county medical societies, their officers, committeemen and members." While Bronx and Kings County societies sputtered. state leaders soothed by saying the amendment would not curb action on any "present controversy, with the possible exception of compulsory health insurance." Advocates and opponents, meanwhile, go into training for the ultimate decision, which must wait a year for discus-

SCARE—New York's meeting, held at Park Avenue's Waldorf-Astoria, threw a fright into nearby swank practitioners. "Doctors Sanction Health Insurance" said New York Times headlines anent the convention's special committee report. Actually, it was health insurance's antidote, "medical-expense insurance" (see February MEDICAL ECONOMICS), that was being sponsored for the middle-class. For those in the lower-income group, delegates advocated state and local subsidies.

SUBSIDIES—State subsidies were approved at the New Jersey conference. So rapidly are the medically-indigent increasing, said in-

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coming president Dr. William J. Carrington, that higher brackets can no longer carry the load. Somebody must pay, reasoned Dr. Carrington; why not the state? Supervised by organized medicine, he declared, such a system would give efficient service, "personal and sympathetic care," and free choice of physician.

Between the New Jersey society and the State Financial Assistance Commission there already exists an agreement to effect a medical aid plan for the indigent, when and if the legislature provides the

necessary funds.

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ediinSCARCITY—From Iowa came the complaint that doctors are losing interest in war. So said Capt. S. O. Kraft, 7th Corps Area headquarters, before the Iowa Medical Society. Assailing the reluctance of medical-school graduates to join the Army, he predicted that, if war comes, there will be an acute shortage of surgeons.

This warning was echoed by the Texas society's committee on military affairs. Advising physicians to take commissions in the National Guard, or the organized reserve, the committee observed: "It is entirely too late after war is declared, for the medical profession to master the technique and art of warfare."

SUBVERSIVE—That Mexican border is causing trouble again. This time it is Texas doctors who have a complaint. They charge that Mexican radio stations carry broadcast attacks on American physicians, together with extravagant advertising claims for certain healing methods. As a reprisal, the Americans demand a boycott on visits to Mexico.

Scribble—The New Jersey Medical Society would take all Dr. Morris Fishbein's privileges away from him. No longer would he conduct a newspaper column, edit "home medical advisers," control newspaper advertisements that say of his own works "money could not buy better health guidance"—not, at least, under the terms of a resolution adopted by the society. The resolution would restrict his writings to the A.M.A. Journal.

Leading Fishbein critic was Dr. Wells P. Eagleton. Hinting that it is not the Fishbein medical knowledge that gives his writings wide circulation, but his position, Dr. Eagleton commented: "Any man can sell anything if he's allowed to use after his name, 'Editor of the Journal of the A.M.A.'; but the name alone, in three years, will be of little value."

of fittle value.

Answering one delegate's proposal to shift the discussion to the A.M.A. House of Delegates, Dr. Eagleton retorted:

"The House of Delegates might as well go home. It has no money; all the money is held by the trustees and they employ the editor. I hope the time is coming when the A.M.A. will be democratized."

The Newark doctor also implied that the A.M.A. mouthpiece is a master of the art of closing other

people's mouths.

"The reprisals that have emanated from headquarters to any state organization that has had the audacity to criticize his [Fishbein's] policies are unbelievable in a scientific organization," he stated. "Reprisals on one state were unsuccessful. They've tried it on New Jersey; I won't say how, but they've done it."



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ALKALOL, used in a nasal douche cup for irrigating, brings quick comfort. It soothes and stimulates the mucous membrane. It is a mucus solvent.



#### JUST PUBLISHED

#### ARTICLES

Socialized medicine is a reality, by Fred De Armond. (Nation's Business, June, 1938)

SHALL UNCLE SAM PAY YOUR DOCTOR BILLS? by Donald F. Wickets. (Liberty, June 11, 1938)

Socialized medicine, by Henry E. Sigerist. (Yale Review, Spring lasue)

REVOLT IN THE A.M.A., by Howard Stephenson. The Committee of 430 breaks with the A. M. A. (Current History, June, 1938)

DIAGNOSING THE DOCTORS, by Beverly Smith. The public scrutinizes the profession. (American, June, 1938)

LAWLESSNESS IN MEDICINE, by Norman W. Burritt, M.D., and Howard W. Ambruster. The relation between heart disease deaths and drug law laxity. (Current History, June, 1938) MEDICINE'S MISALLIANCE, by james Rorty. Is medicine facing a revolution? (The Nation. June 11, 1938)

#### BOOKLETS

ACCIDENT AND HEALTH INSURANCE FROM THE VICTIM'S POINT OF VIEW, by Bion H. Francis and Sumner Harwood. (American Institute for Economic Research, \$1)

#### BOOKS

LIFE INSURANCE—WHAT IT IS AND HOW IT HELPS YOU, by Stuart O. Landry. (Pelican Publishing Company, \$1.25)

THE LIFE OF CHEVALIER JACKSON. An autobiography. (Macmillan, \$3.59)
THE VITAMINS AND THEIR CLINICAL APPLICATION. A manual. (Vitamin Products Sales Company, \$4.50)

A MEDICO-LEGAL TEXT OF TRAUMATIC INJURIES, by Louis J. Gelber, M.D. (Soney & Sage Company, \$6)

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# NEURITIS?

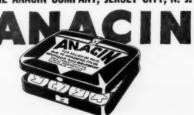
.. Pain due to NEURITIS,

neuralgia and rheumatism may be quickly relieved by prescribing Anacin. Many patients do not experience a satisfactory result from the use of aspirin or phenacetin alone, Clinical use by physicians in thousands of cases has established the value and dependability of the Anacin formula,

Samples on request.

THE ANACIN COMPANY, JERSEY CITY, N. J.

You can depend on



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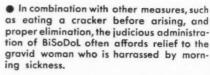
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# In nausea and vomiting of PREGNANCY



BiSoDoL counteracts gastric hyperacidity and helps bolster the alkali reserve.





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### ★ THE NEWSVANE ★

#### SAFETY FOR 60,000,000

Dr. Joseph Hoguet, medical director of the New York World's Fair of 1939, has a problem—

How to safeguard medically the 60,000,000 persons expected at the fair. A daily average of 250,000 visitors is forecast. On holidays the number is expected to top 800,-000.

Dr. Hoguet also has a solution—
When the fair is thrown open on
April 30, 1939, it will have on hand
ten first-aid stations, a corps of
physicians, about 100 nurses, ambulances, two resuscitation equipment depots, and ten wards—five
for men, five for women—containing two to six beds.

Dr. Hoguet believes that some 40,000 fair-goers will need medical attention during the fair's sixmonth existence. They will receive first-aid free. If hospitalization is necessary, they will be moved as soon as possible to an institution in the metropolitan area.

Included in the fair's medical equipment will be complete radiographic apparatus. It will do double duty as a precautionary measure for patients and as protection in the event of lawsuits.

Five of the first-aid stations will embrace a reception room, a surgery, and wards for men and women. Two doctors and a number of nurses will be on duty from 9 A. M. to 2 A. M. The other five stations will be larger. They will be equipped for the more serious cases and will be staffed by four doctors and six nurses. At all stations personnel will be increased on Sundays and holidays.

Ten ambulances will function at the fair—courtesy of an automobile manufacturer.

In addition to first-aid facilities, Dr. Hoguet has provided for a pediatric unit. It will be attached to the so-called Children's World, where parents may check their youngsters, giving themselves more freedom to enjoy the sights.

#### WAY OF THE KNIFE

Surgery's place in the medical field has grown lustily. Where 50 operations were performed in 1910, about 100 are performed today, according to a recent authoritative estimate.

S. D. Collins, reporting recently on a nation-wide canvass to establish the frequency of surgical procedures among 9,000 families, stated that

—in families making less than \$1,200 a year, surgery is performed on 52 persons per 1,000; in families making \$5,000 or more, the rate is 94 per 1,000;

—among males, professional and business men are operated on twice



Standardized Male Sex Hormone Natural]

for INTRAGLUTEAL INJECTION
An active male hormone standardized in terms of capon units in accordance with the method of Gallagher and Koch. Each capon unit represents the equivalent activity of approximately 60 Gms. or 930 Grs. of fresh testicular substance.
Supplied in I s.e. Amnoules. Each c.e. representing 1 Capon Unit. Packages of 6, 12 and 25
Write for Special Offer

ENDO PRODUCTS, Inc.
395 FOURTH AVE. NEW YORK

STORM



Worn, the world over, for every condition requiring Abdominal Support.

Every belt is made to order.

Ask for literature

Katherine L. Storm, M.D.

1701 Diamond St., Philadelphia

as frequently as unskilled laborers;

—more people per 1,000 are operated on in large cities than in rural areas;

—of all operations, 61% are performed with the aid of hospital facilities.

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#### ON SYPHILOLOGY!

To further encourage the burgeoning practice in syphilis, the U. S. Public Health Service has released a new edition of the folder, Syphilis, Its Cause, Its Spread, Its Cure.

This folder was first released a little over a year ago. The intent then was to provide a pamphlet of instruction which physicians could give to patients, imparting to then a clear understanding of what the disease is all about. It proved so popular that the U.S.P.H.S. decided to re-edit it for more general distribution. The text in the new edition has been supplemented with pictures.

The new folders are being sold by the Superintendent of Documents, Washington, D. C., at \$1 a hundred. Supporting opinion that the pamphlets will be in great demand, one middle western organization ordered 2,000 before the edition was off the press. These have been distributed to all its employees.

#### SCAPEGOATS

Professional social workers find themselves between the devil of abuse on one hand, the deep sea of non-support on the other, according to a spokesman of the Ameri-

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# IN THE BOWEL

#### **A Uniform Emulsion** ospital A Uniform, Regulative Action

Kondremul—an improved form of mineral oil emulsion—owes its superiority primarily to two factors: (1) The use of Irish Moss (Chondrus Crispus) to give a tough, stable. Syph elastic film around each oil globule. s Cur. (2) A unique emulsifying process ased which splits the oil into uniformly intent fine droplets of microscopic size.

Every batch is carefully checked could for uniformity of emulsion which acthem counts for the uniform, smooth, regunat the lative action in the bowel and the absence of leakage.

#### Note the three forms: W ed. KONDREMUL

with PHENOLPHTHALEIN (2.2 gr. per tablespoonful) -combined laxative and regulator.

#### KONDREMUL

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t \$1a feet of non-bitter cascara to Kondremul.

#### KONDREMUL

PLAIN-a corrective for deficient bowel action.

#### THE E. L. PATCH CO. Boston



THE E. L. PATCH COMPANY.	Dept. M. E. 7
Steneham 80, Boston, Mass.	Dr
Gentlemen: Please send me clinical trial bottle of	Address
☐ KONDREMUL (Plain)	City State
☐ KONDREMUL (with Phenolphthalein) ☐ KONDREMUL (with Cascara) (Mark preference)	NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 808, Montreal—producers and distributors of Kondremul in Canada.

can Association of Social Workers. At the recent California social work conference he cried out:

"The A. M. A. attempting to stem the inevitable tide of socialized medicine, blames us by saying that we are trying to take over the medical profession... Social workers, like other small and more or less defenseless minorities, become very handy scapegoats... Even the progressive and liberal forces which usually bring about the social reforms we sponsor, do not credit us with being of any assistance."

#### INTERNS AND \$ SIGNS

Eight of the 23 interns at the Beth-El Hospital, Brooklyn, N. Y., decided recently to stand or fall by the curt statement on their lapel buttons that "Interns Deserve Salaries". In jig time the interns fell. They were suspended by Beth-El authorities and relieved from all duties. Within a few hours, however, the officials relented and the interns were returned to duty.

Behind the interns and their dollar sign is the so-called Intern Council of America. Its Beth-El Hospital trainees seek a minimum monthly wage of \$15. But the I. C. A. believes that a proper minimum is \$1,000 a year.

#### MASS. "BACKWARD"

Certain federal and state court decisions to the contrary, the Massachusetts Supreme Court insists that it is illegal to distribute contraceptives even when a physician so urges. As a result, four socially prominent citizens living in and about Salem, once the scene of witch-craft persecutions, recently had to pay fines of \$100 each.

To Dr. Eric M. Matsner, medical director of the American Birth Control League, this "constitutes a serious menace to the rights of the Massachusetts medical profession to protect life and health by giving contraceptive advice when this accepted modern therapy is medically indicated.

"This is a backward step," believes Dr. Matsner, "at variance with other recent court decisions, both state and federal, which have exempted physicians from the literal terms of restrictive birth control laws."

Said the court to the defendants trying to escape fines because their birth-control assistance was given with the advice of physicians:

### AS A SUMMER REMEDY

### ANGIER'S EMULSION

IS DEFINITELY CORRECTIVE IN GASTRO-INTESTINAL AND DIGESTIVE DISORDERS

Especially useful for children and elderly people

Clinical samples to physicians on request Angier Chemical Co., Boston, Mass. RY

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WHEAT, EGG, and MILK-FREE DIET Date MILK-FREE DIET Date. EGG-FREE DIET WHEAT-FREE DIET If you are sensitive to wheat alone, you may eat: Allergy Diets JUST THE WAY YOU WANT THEM

These safe, accurate allergy diets are printed on individual sheets and supplied to you in pad form. They're easy for the patient to follow-easy for you to use. All you need do is fill in your patient's name, your name and special instructions.

Prepared with the cooperation of leading specialists, these sheets list exactly what foods may be eaten and which must be avoided according to the patient's special sensitivity. Recipes are provided on the back. No advertising appears on them.

Naturally Ry-Krisp is included among the allowed foods-for these crunchy, wholesome wafers, so simply made of whole rye, salt and water, are both safe and delicious. In fact, they actually encourage the patient to adhere more closely to the necessary diet-because they taste so good with other foods at every meal.

For copies of these sheets and samples of Ry-Krisp Whole Rye Wafers, simply use the coupon.



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RALSTON PURINA COMPANY

Dept. ME, 2244 Checkerboard Square, St. Louis, Missouri

Without obligation, please send me samples of Ry-Krisp and Allergy Diet Sneets

Name	M. D.
Address	
746753	

State City (This offer limited to residents of United States and Canada)

"We think such an exception cannot be read into our statutes by judicial interpretation . . . The relief here urged must be sought from the law-making department, not the judicial department."

#### FLUFFY

Credit the New Yorker with this one:

"Somebody took a nice fluffy little southern girl to one of those parties where people just sit around and talk. She kept reasonably quiet for an hour and a quarter until one of the guests said, 'What this country needs more than anything else is socialized medicine' . . . The girl spoke, 'Ah haven't met any doctors up No'th, but goodness, the doctors in Lou'siana are just as sociable as anybody else.'"

#### A FLUNK IN HEALTH

Startling deficiencies mar the health of this country's body collegiate, complains the American Youth Commission. The lament is based on a recently completed health survey of more than 4,700 undergraduates attending 35 colleges.

Most alarming to Surveyors Harold S. Diehl, dean of medical sciences at the University of Minnesota, and Charles E. Shepard, health service director of Stanford University, is the discovery that a third of all entering students are tuberculous. Less volatile, yet significant, are the dangers potential in the 30% of students who are underweight and in the 15% who weigh too much. Eyes are defective in 11% of entering students; teeth, in 60%.

The incidence of syphilis among collegians provides a specific silver lining for the generally dark cloud blown up by the survey. Of 10,000 Wassermann tests, but three tenths of one percent were positive—the lowest incidence ever reported for any group.

#### DISEASE IN GLASSES

A rigorous five-month survey has disclosed that even the most conscientious taverns, restaurants, and soda fountains constantly expose patrons to bacteria-infested glasses. The survey was conducted by Richard V. Fellers, health officer of Nutley, N. J. The glasses he examined are typical of those found in public eating places throughout the United States.

Among the organisms retrieved were Staphylococci—albus, aureus, and citreus; Coli aerogenes; Neisseria catarrhalis; Gaffkya tetragena; and Streptococci pyogenes and epidemicus. Thousands of colonies were cultured from the rim of a single glass.

Temperatures of wash and rinse waters used in the establishments

Pilko

Send for Free Sample

IN PERTUSSIS

Gives prompt symptomatic relief.
 Shortens the duration of the disease.

TAKAMINE LABORATORY, INC. P. O. Box 188 Clifton, N. J.

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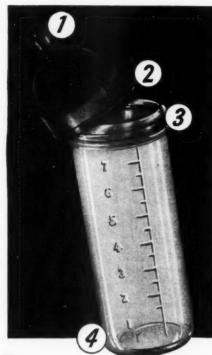
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# 4 POINTS OF SAFETY

INVENTED BY A DOCTOR who had been in active practice for over 20 years, Hygeia Nursing Bottle and Nipple are completely sanitary.

Nipples can be had in three different shapes of teats to conform with the wide variety of babies' mouths. All shapes easily inverted for thorough cleaning.

2 Tab at the base of the nipple guards against fingers touching the sterilized surface.

3 Bottle is wide-mouthed so it can be properly sterilized inside as well as out. No shoulder for dirt or germs to hide. No funnel is required.

4 Smooth, rounded inner surface. No dirt-catching corners.

For these reasons and many others, Hygeia magazine advertisements tell mothers 41,000,000 times a month "Safest because easiest to clean. Ask your doctor."

Hygeia costs less than almost any other baby necessity

HYGEIA NURSING BOTTLE CO. INC., 197 VAN RENSSELAER ST., BUFFALO, N. Y.

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covered by the survey varied from 10° Centigrade to 71° Centigrade. Superheated steam, the only effective heat sterilizer, is not used, being impractical, particularly in summer. Consequently, a marked relation was discovered between organisms recovered from swabs of glasses and those found in the wash and ringe waters.

Chemicals, Health Officer Fellers points out, are impractical in taverns and soda fountains. The type of liquids purveyed preclude their use. He cites only one practical way to obey statutes in 46 states requiring absolute sterilization. This method is by ultra-violet radiation.

Mr. Fellers made tests with the new Westinghouse ultra-violet tube called the Sterilamp. This unit does not generate heat; is moderately priced and simple to operate. During the Sterilamp tests, glasses that had previously shown an alarming bacterial count became from 92.8% to 99.9% sterile after a few seconds' exposure.

#### BE-WELL BEES

By arrangement with a local radio station, the department of public health, and the public, the Illinois State Medical Society put the Be-Well question bees on the air twice daily during its recent annual meeting. Lay visitors to the society-sponsored Hall of Health were invited to participate in a question-and-answer program broadcast at 10:45 a.m. and at 4:50 p.m. Five dollars in cash was awarded to the winner of each bee. A box was provided into which visitors could put health queries to be answered during the next broadcast.

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#### \$150 FOR \$21.

How to make bad checks pay instead of bounce has been discovered by a New York dentist:

He spotted one of his deadbeats while out for a stroll. The man had owed him \$150 for two years. The dentist accosted his long-term debtor and firmly demanded payment. To his surprise, the man gave him a check on the spot. It was for the full amount owed.

Suspecting his patient's fiscal integrity, the dentist hot-footed it to the bank on which the check was drawn. As he feared, he was told, "Insufficient funds!" A bit of good-natured chatting with an amiable teller netted him the information



the dependable urinary antiseptic

CYSTOGEN

methenamine in its purest form

One of the most important advantages of Cystogen is ith high degree of toleration. This is especially desirable during hot summer months as it enables the physician to administer Cystogen without discomfort to the patient. Cystogen has been found effectual in cases of pyelltis, cystifits, prostatitis, urethritis and other G-U infections. It provides rapid internal antisepsis, expedites the cleaning up of fetlid urine and relieves renal and vesical pain. In 3 forms: Cystogen Tablets. Cystogen Lithia, Cystogen Aperlent. Send for free samples.

Cystogen Chemical Co., 190 Baldwin Ave., Jersey City, N. J.

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#### In EMERSON'S C-G ALKALIZER,

the active ingredients, officially recognized, are combined in judicious proportion to quickly enrich the body with calcium and the blood with alkali.

### CALCIUM GLUCONATE U. S. P.

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Six teaspoonfuls of C-G Alkalizer will double the amount of calcium in average daily diet.

#### SODIUM CITRATE U.S.P.

50 grains in every heaping teaspoonful of C-G Alkalizer for physiological alkalizing.



Not a laxative, C-G Alkalizer promotes elimination through intestines, kidneys and skin; also stimulates gastric function. Costs patients 25 to 35 per cent less than ordinary products of its type.

#### C-G ALKALIZER EFFERVESCENT

is decidedly valuable in the care of expectant and nursing mothers, in the treatment of febrile diseases, convalescence, diarrhea, common cold, allergies—in acidosis and calcium depletion.

# EMERSON DRUG COMPANY BALTIMORE • MARYLAND

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Please send me FREE,	ADDRESS
a full-size, market package of Emerson's C-G Alkalizer.	CITY State ME-7

### DOUBLE SAFETY

#### with DOUBLE "FULL-AUTOMATIC"

- Sterilizer Runs Itself

#### and CAST-IN-BRONZE BOILER

-Sterilizer Cannot Leak

Over fifty years of experience in producing improved sterilizing equipment make the Castle Instrument Sterilizer the very foundation of good sterilization technique. Write for booklet.



WILMOT CASTLE COMPANY
1143 University Ave. Rochester, N. Y.



The splendid results obtained with beevenom and reported in recent medical literature indicate its outstanding value in treating arthritis and rheumatism. Ven-Apis, biologically standardized Bee-Venom, is painless except for a slight feeling of warmth, efficacious because it is absorbed, and well-tolerated because the effect of the venom is distributed over a large area. Write for booklet.

R. J. Strasenburgh Co., Rochester, N. Y. Pharmaceutical Chemists



that his patient's account held \$129.

"Can I make a deposit in that account?" he queried.

"Certainly."

Immediately after depositing \$21, the dentist cashed the erstwhile had check.

#### U. S. HEALTH POW-WOW

For three years President Roosevelt's Interdepartmental Committee to Coordinate Health and Welfare Activities has been nosing into the business of medical practice. This committee comprises officials of the Social Security Board, the Treasury, and the federal Departments of Agriculture, Interior, and Labor. It is chairmanned by healthreform-minded Josephine Roche, until lately assistant secretary of the Treasury.

Now the committee proposes to stage a national health conference in Washington from the eighteenth to the twentieth of July. This, at the suggestion of the President.

The conference will sit upon the "major needs of the nation in the fields of health and medical care." Among some 100 people invited to the pow-wow are representatives of the medical and allied professions



# Truly Hawaiian

"Surf fishing off Oahu with spear and torch" Lithograph by Robert Riggs

Straight from Hawaii comes the delightful flavor of Dole Pineapple Juice . . . Vacuum-packed without added sugar or any preservatives . . . Pure . . . . Your patients and family, too, Doctor, will find rare refreshment in this tangy fragrant juice.

Hawaiian Pineapple Co., Ltd., also packers of Dole Pineapple "Gems," Sliced, Crushed, Tidbits, and the new "Royal Spears." Honoluls, Hawaii, U. S. A.— Sales Offices: San Francisco, California.

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TYPICAL ANALYSIS DOLE PINEAPPLE JUICE FROM HAWAII

Acidity as anh. citric Carbohydrates other than crude fiber, by diff. Calories gram Calories ounce

DOLE PINEAPPLE JUICE

> 13.1% 0.9% 0.37% 0.57 16.0

0.4%

0.03

and of labor and agricultural groups.

The course of the conference has been projected by reports made to the interdepartmental committee from its technical committee on medical care (drafted from the Public Health Service, the Childrens Bureau, and the Social Security Board). These reports, based on nation-wide surveys, assume and stress the need for a new way out of the dilemma caused by (1) alleged inability to pay for medical care and (2) unequal distribution of medical facilities and personnel.

#### THE O'CALLAGHAN

Add another to the list of outstanding physician athletes who ply their muscles in America. Patrick O'Callaghan, tagged by sports writers as Ireland's greatest athlete, disembarked in New York City a few weeks ago. He left behind him a good medical practice, a wife, two children, and a number of blooded Irish hounds which he breeds.

An amateur until recently, Dr. O'Callaghan achieved no little fame at hammer-throwing in the Olympic games. Now, as a professional, he plans to meet leading American boxers and wrestlers. He wants to prove that a combination of strong bones, coordinated muscles, and medical knowledge is what it takes to be tops in anybody's ring.

#### BRITISH PLAN IN HIGH

Great Britain is now witnessing developments that prove there's no stopping health insurance once it starts rolling.

Up until the present, the British system has insured about 40% of the population. Now powerful attempts are being made to spread it over more than 80% of the citizenry, and to expand the medical services as well.

The contemplated expansion would embrace the "complete range of consultant, specialist, and auxiliary services." It is admitted that hospital care would not be practicable in an extended health insurance service. But it is suggested that both voluntary and municipal hospitals should function as one service in cooperation with other health services.

Increasing the amount of maternity care for insureds is considered the most pressing need. In addition to the attendance of a



A Non-Depressing Utero-Ovarian SEDATIVE and ANODYNE Relieves menstrual pain without pro-

ducing an hypnotic effect. Indicated in dysmenorrhea, ovarian neuralgia; to control the after pains of labor and relieve other female disorders. Samples of Menstrulletts will be furnished upon request

JENKINS LABORATORIES, INC. 27-29 Clark Street, Auburn, New York

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A Step Forward

IN CORRECTIVE MANAGEMENT OF CONSTIPATION

In the treatment of chronic constipation, the combination of adsorption with mechanical stimulation affords not only immediate relief, but provides a rational basis for corrective therapy.

### **BASSORAN**

a new Merrell achievement, makes use of these two important principles:

- Mechanical Stimulation By taking up and holding water in the feces, BASSORAN produces a soft bulk which stimulates peristalsis—without irritation.
- Adsorption—By the action of SILNESIA (Magnesium Trisilicate-Merrell) in the formula, BASSORAN adsorbs toxic substances in the bowel and exerts a sustained antacid action, without danger of alkalosis.

TWO TYPES

BASSORAN, Plain (for routine use)

Sterculia gum, 87.0%; Silnesia (Magnesium Trisilicate-Merrell), 8.7%; coating, flavoring, coloring, q. s.

BASSORAN with Cascara (for early treatment of obstinate cases)—Sterculia gum, 82.5%; Silnesia (Magnesium Trisilicate-Merrell), 8.3%; Cascara Sagrada equivalent to Aromatic Fluidextract Cascara Sagrada, 71.4 min. per ounce; coating, flavoring, coloring, q. s.

Both types available in 7-oz. bottles

#### THE WM. S. MERRELL COMPANY . Established 1828 . Cincinnati, U. S. A.

	Diverdes 3 3 9 1 2 DUNCES BASSORAN SOFT BULK	and  ADSORPTION CAPACITY EQUAL TO 2 TEASPOONFULS KAOLIN
BASSORAN PLAIN NORMELL	THE WM. S. MERRELL CO., C Please send me professional sample BASSORAN (both type	l literature and clinical
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-No Mixing

The pleasantly fla-

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granules may be placed

on the tongue in de-

sired dosage (1 or 2

teaspoonfuls morning

and evening) and

washed down with a

large glass of water.

Additional water

should be taken for

best results.

# PAMPHLETS ON Socialized Medicine

For Distribution to Your Patients



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available at cost: 20c per carton of fifty; or \$3.50 per 1,000 without cartons.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use.

No commercial or other imprint appears on them except the words, "Copyright, 1938, Medical Economics, Inc." in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups.

Address: MEDICAL ECONOMICS, Inc., Rutherford, N. J.

general practitioner or a certified midwife, beneficiaries would be guaranteed an adequate supply of sterilized dressings, plus consultant, laboratory, ambulance, and institutional services.

It is contended that medical services under the enlarged plan could be financed partly by public funds and partly by funds created from insurance premiums. With this contention the Royal Commission on National Health Insurance differs strenuously. It looks toward a completely tax-supported system instead.

#### \$3 FOR BLUE BLOOD

People have been paying \$2.50 or \$3 to be listed recently in a "social register" issued by the National Social Directory Publishers, of Chicago. Of a sample group of 193 people who paid to have their blue blood thus recognized, 67 were doctors.

#### BOTTLE, BOTTLE

Disturbed but not surprised at its own revelations, England's Manchester Guardian stated recently:

"Once again the annual report of the Lancashire Insurance Committee reveals the inordinate and growing belief of panel patients in the virtues of the medicine bottle. Twenty years ago the number of prescriptions issued [to about 500,000 patients] was just under a million and a half. Last year some three quarters of a million patients accounted for about four million prescriptions.

"The increase in the cost of drugs is even more startling. In 1917 i in 193 [\$689,8

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1917 it was £39,679 [\$198,395]; in 1937 it had risen to £137,969 [\$689,845].

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"The average number of prescriptions per person insured has risen in twenty years from 2.91 to 5.24."

#### ON SELECTING INTERNS

"The selection of interns should be left entirely in the hands of the department of public hospitals, without any participation by the municipal civil service commission."

That was the feature recommendation made recently by the New York Academy of Medicine in a report suggesting intern-appointment procedure. The city's civil service commission has been exerting misdirected efforts to bring such appointments within its scope, according to Dr. S. S. Goldwater, commissioner of hospitals.

The academy declared further that the written examination is the least indicative criterion of a potential intern's qualifications. Such examinations, it opined, should serve only to weed out inadequately prepared candidates.

The maximum credit attached to written quizzes should not exceed 30% of the total score, the academy believes. Another 30% should be based on a report of the candidate's medical school career. The remaining 40% of his score should be based on an oral examination.

#### THOMPSON MILESTONE

July 6, this year, marks the 103rd birthday, of Dr. W. E. Thompson, of Bethel, Ohio. Past records and



Aside from the discomfort, the scatching and traumatizing of insect bites can lead to serious secondary infection. Free your vacation of such hazards by including Campho-Phenique Liquid, Ointment and Powder as a regulation item in your summer luggage. Frequent application will repel most insects while guarding against secondary infections.

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a recent interview with Dr. Thompson substantiate the following:

He is the oldest practicing physician in the United States. He has attended nearly 2,000 confinements and has never lost a baby or a mother. Dr. Thompson has the arteries of a man of 32, the general physique of a man of 60, and an intern's zest for practice. He keeps regular office hours.

Oddly, Dr. Thompson could not take his appointment as a surgeon during the Civil War because his health was bad. Although he reluctantly admits that his days may be numbered, he hastens to add: "I never felt better in all my life. Unless I catch pneumonia or something, I should live to be an old man."

#### DOCTORS GO TO PRESS

A recent issue of the Bergen Evening Record, a New Jersey newspaper, represented the Bergen County Medical Society's successful effort to herald public health week properly and to strengthen its own public relations.

An entire sixteen-page section was devoted to medically-slanted copy. Inside pages were sprinkled liberally with members' pictures. Typical headlines: Public Health Week Program; Keep Quarantine; Tuberculin Treatment Spots Disease; State Medicine's Pros and Cons; Doctors' Study Is Never Ended.

SII

#### TOO FEW RURAL M.D.s?

In 1912 Alabama had one doctor for each 932 inhabitants. Today the ratio is 1:1,345. Thus, according to Dr. J. N. Baker, state health officer, a predominently rural state has seen the number of its physicians decrease 16% while its population has increased 21%. The decline in the number of Alabama doctors is especially marked in rural counties. Coosa County, for instance, had twenty doctors in 1912; now it has only four.

"Do these figures mean that medical attention has declined proportionately?" asked a recent editorial in the Birmingham News. "Is Alabama badly in need of more physicians?"

In effect the editorial writer answered himself with, "Not at all!"

"It may be true," he wrote, "that in some rural sections of Alabama there is a shortage of doctors. Doctors prefer to practice in cities due to the better hospital facilities

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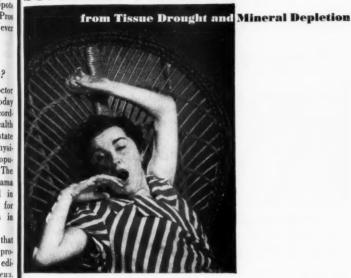
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there and to the greater opportunities offered for specialization.

"But that does not mean that rural residents have less medical attention than before. With an automobile and good roads, a doctor today can reach far more patients than he could back in the horse-and-buggy days. The decline in doctors, especially in the rural districts, does not at all indicate a corresponding decline in medical treatment available."

#### MERCY ERRANDS AT \$1.39

The average cost of an ambulance trip is \$1.39. This figure was arrived at recently by Major Gist Blair, president of the Emergency Hospital in Washington, D. C. To get it, he undertook a cost analysis of the 76,116 trips made by his institution's ambulances from 1920 to 1937.

#### THERAPEUTIC RELIEF

Reported as a marked success is the New York City version of a plan to care for the needy sick in their own homes. The project was created by joint efforts of the old emergency relief bureau and the

Constipation!

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Dr. John A. Hartwell, director the New York Academy of ledicine and chairman of the city elfare department's medical adsory committee, has this to say: "Investigations indicate that paents are receiving good care and at doctors on the [project's] anel are taking their responsibilies seriously . . . The provision of ome care for sick relief recipients s freed the department of hostals of a crushing burden. The st to the community has been finitely less than it would have en if these cases were hospitaled."

Here's the plan in brief:

On becoming ill, a relief client ay request care from the physim of his choice among those regtered with the welfare departent. If he has no choice, a panel peter in his district is assigned him. This is done through alphatic rotation. (Any reputable edical man in the city is eligible serve on the panel. About 4,500

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# arthritis?

Soreness, stiffness, slight enlargement of the phalangeal joints (other joints may be involved), impaired motility, or progressive loss of function . . . particularly manifested about middle-age—such is the symptom-picture many cases present.

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The welfare department pays the bill. But no physician may receive fees totaling more than one-third above the average received by others on the panel for his district. Home-visit fees are fixed at \$2. Office calls are not covered.

After treating a patient, the panel physician fills out a report form, seals it, and mails it to the welfare department. There it is inspected by three medical directors. If what appears to be an excessive number of calls is suggested, the doctor is asked why. This, according to Dr. Charles F. McCarty, welfare director, results in economy. But, he adds, financial considerations are not permitted to stand in the way of a needy person's medical requirements.

Since the plan only covers care in the home, surgery is not included. However, deliveries are permitted, provided (1) the mother has already had one or more normal deliveries, (2) satisfactory home conditions prevail, and (3) the attending physician sees no unusual risk.

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J. Hilliard Brook, of Memphis, Tenn., has a new baby boy and a satisfied sense of the financially bizarre.

Shortly after his son's recent

birth, Brook, Sr. marched into the hospital cashier's office. With a flourish he set down a sizable tray on the counter. The cashier blinked and began the tedious task of counting and wrapping the tray's contents—10,000 pennies. The copper hoard covered the Brooks' entire hospital and medical bills.

Mr. Brook explained that he would have paid in silver dollars, but some other Memphis wag had beaten him to it last February. Wanting to do something "special for baby," he had concentrated on pennies instead.

#### LAW CASTIGATES A. M. A.

The Yale Law Journal has subjected the A. M. A. and its components to a severe editorial punching. Specific cause of its blows is the expulsion of a member of the District of Columbia Medical Society. This disciplinary measure came as a result of the doctor's contracting to practice for the Group Health Association, federally-financed medical-care project. Generally, though, the Journal's havmakers are swung at what it considers medicine's illegal methods for fighting attempts to subvert private practice:

"Skillful indeed has been the technique of organized medicine's attack. Under cover of a barrage of propaganda within the ranks of the profession, local medical societies throughout the country have

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frequently expelled, suspended, or censured doctors who have engaged in any of the various forms of contract practice deemed 'unethical' by the majority.

"As long as medical societies can brandish the bludgeon of expulsion, free experimentation—long extolled by the medical profession itself as the very lifeblood of scientific progress—will be throttled."

The Journal goes on to outline methods by which an expelled physician might force his reinstatement by law. Anent the G. H. A. doctor's case, it explains that the medical society's by-law prohibiting members from engaging in group practice is in restraint of trade and, therefore, contrary to public policy. It points out, too, that the expelled doctor might gain redress through proving that the discipline visited upon him was part of a scheme by which the society hoped to ruin the G. H. A.

But, admits the Journal, the ultimate fate of experiments looking toward a reduction in the cost of medical care will not be settled simply by expelled doctors obtaining reinstatement. "The solution lies," it says, "in overcoming the stubborn intolerance of organized medicine. The recent revolt of a group of influential dissenters within the ranks of the A. M. A. indicates that perhaps the change may be accomplished with a minimum of outside interference."

If that is not to be the case, the law periodical suggests a "most effective alternative," namely: passage by Congress of a resolution recently introduced to authorize a congressional investigation of the A. M. A.

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Fulton Co., John J.	59	Strasenburgh Co., R. J.	
ration Co., John J.		Strasenburgh Co., R. J.	10
Gallia Laboratories, Inc.	87	Tablax Co.	11
Gardner, Firm of R. W.	93	Takamine Laboratory	
	20	Tampax. Inc.	
		Tilden Co.	
Harvey Company, G. F.	45	Trucii Co.	30
Hawaiian Pineapple Co., Ltd.	79		
Hollings-Smith Co.	87	Walker, Corp & Co., Inc.	
Howell & Co.	62	Wheatena Corporation	41
Hygeia Nursing Bottle Co	75	Wilmot Castle Co	78



• REDUCES BLOOD PRESSURE

• RELIEVES THE SYMPTOMS

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 1270 Broadway, New York, N. Y.

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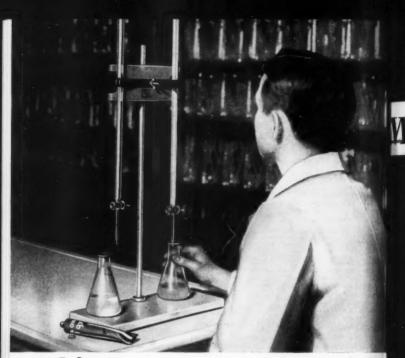
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# Uniformity ... CHEMICAL PROPERTIES

Uniformity in acid value is an important property of vaginal jellies. Ortho-Gynol in reaction approximates normal vaginal acidity and is checked on each manufactured batch for this property. The manufacture and preparation of Ortho-Gynol is under complete laboratory control. It is regularly prescribed by thousands of physicians.

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